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A Working Tool

Even after recurring birthdays have become a burden there are certain anniversaries which seem to justify a little mild rejoicing. So, not long ago we celebrated a little centennial all our own. For the hundredth time since we became an editor we got this *Journal* into (and out of) the press with all its pages more or less right side up. Some qualification is necessary because, in our "centennial" issue, the printers (without consulting us) transposed two columns of an editorial upon which we had spent considerable time and effort. However we were mighty glad that it was only an editorial, and not an article by some distinguished nurse whom we should have been obliged to placate. We realized that by the law of averages such accidents are bound to happen at least once in a hundred times and we admitted that on the whole we had got off rather lightly.

In spite of our cruelly mangled paragraphs we were not utterly cast down and, comparing our first issue with our hundredth, we even felt a slight glow of pride. Before we had time to become unduly puffed up the postman brought the daily letter which tells us that until we can combine the better features of the British and American journals (all for two dollars of course) the writer does not feel able to renew her subscription. And yet this dash of cold water did not quench a stubborn conviction that the *Journal* has made some progress. Whether it deserves it or not, it enjoys the support of nurses in every province in Canada who, in good report and ill, have believed in it, worked for it, and written for it. Especially written for it.

When we first came on the job we set down some objectives toward which we might strive over and above the primary aim, which was to make the magazine self-supporting. Five years ago we painfully struggled out of the red and into the black, although the dividing line remains dangerously narrow. But all along there has been and there still is another goal which seems far more difficult to achieve, and that is to persuade Canadian nurses to use their national journal as a means of expression and as a working tool.

It has been said that Canadians have produced little literature which is distinctively their own and that they neglect native sources of inspiration. There was a time when we thought that this statement applied to Canadian nurses if not to Canadians in general. But as we turn the pages of our hundred issues we are not so sure. Slowly but surely, we are becoming more articulate. From all parts of the country come quite a variety of manuscripts some of which are clear and comprehensive enough to rejoice any editor's heart. Others are a bit ragged so far as composition is concerned, but these are sometimes the very ones which deal with nursing practice rather than with academic abstractions. Given patience, and a willingness to accept a little mild editing, some of these manuscripts have been transformed into articles of which any journal might be proud. The breath of life is in them because they have been inspired by a vital personal experience.

This seems the right time to offer a word of warning. A badly written manuscript may contain the makings of an excellent original article—and it may not. It may have been written by a person who is too lazy to organize her own material and expects the editor to do it for her. It is only when we can discern the "blue print" of an original idea emerging from the clumsy wording that we know it is worthwhile to offer to help to whip it into shape. This collaboration usually proves to be mutually satisfactory and can even be a lot of fun. The author is the expert in her field, the editor serves only to put hooks and eyes where they seem to be needed.

We are meditating upon another editorial in which we hope to expand this topic. In the meantime, why not take another look at the half-finished manuscript you didn't send to the *Journal* because the wording did not please you. It may turn out to be a blue print which would be useful in making a working tool. — E. J.

A Professional Nursing Division

The British Ministry of Health has recently set up a Professional Nursing Division. Miss Kathrine Watt has been appointed chief nursing officer and chief matron of the Emergency Hospital Service. Miss Watt has already had a distingushed nursing career, culminating in the post of matron-in-chief of the Royal Air Force Nursing Service. It is considered probable that Miss Watt's staff will include nurses with special experience in hospital management and in public health nursing. The Minister of Health has requested his Parliamentary Secretary, Miss Florence Horsborgh, M.P. to give special attention to the development of the new division. Further details of this far-reaching experiment are awaited with interest. It seems likely that its scope will be very broad and it will exercise a profound influence over professional nursing in Britain. One of the primary objectives will be to recruit suitable candidates for schools of nursing. Consideration will also be given to the Civil Nursing Reserve.

Lesions of the Spinal Cord

E. H. Botterell, M.D.

This article deals with the nursing care of patients with lesions of the spinal cord and vertebral columns. The analysis of all sensations and the planning of all acts take place in the brain. For the execution of these acts information must be conveyed from the exterior, via the spinal cord, to effector organs such as muscles, bladder and bowel.

The spinal cord may be visualized as a telephone cable extending downward from the brain within the vertebral column. To this cable a nerve from each segment of the body plugs in, as it were. Interruption of the structural or functional continuity of this spinal cord, or telephone cable, results in paralysis and loss of sensation below the level of the lesion. Variation in the loss of sensation and voluntary motor power will occur with the situation, type and extent of the lesion of the cord. In addition to paralysis and loss of sensation over the trunk and extremities, bladder and bowel may be paralyzed and insensitive. Sweating and shivering may also be lost for these heat regulating mechanisms are dominated by controlling centres in the brain.

Fracture dislocations of the spine and spinal cord injury: Fracture dislocations of the spine require reduction and immobilization as do fractures and dislocations elsewhere in the body. The spinal cord being within the vertebral canal of the spinal column, it is invariably endangered or damaged at the time of the accident. Of those patients escaping serious cord injury at the time of the accident, many suffer irreparable and fatal damage to the cord during transportation to a doctor or hospital.

Transportation of patients: Following an accident, unconscious relaxed patients, paralyzed patients, and those complaining of pain in the back or neck should be moved with the utmost care. The spine and neck must at all times be kept hyper-extended. The worst possible manoeuvre is for the patient to be picked up by shoulders and neck and limbs and then curled into flexion. Invariably the deformity from a fracture dislocation of the spine is increased by flexion of the spine and the cord damaged perhaps for the first time.

Transportation is safest with the patient lying face down, with the neck extended backwards and the head held steady. If a stretcher, door, plank or some other solid carrying apparatus is available the patient may be carried on his back. Regardless of the method of transportation the head must be steadied if the neck is painful or if arms and legs are weak. I shall always remember the football player, who, following an injury immediately developed paralysis of arms and legs and severe pain in his neck. He was about to be picked up by two players, his spine flexed and his head allowed to flop hither and yon. His father rushed on the field, would not allow him to be moved until a stretcher arrived and himself supported and immobilized the cervical spine until the boy was safely on the X-ray table. The dramatic recovery following this fracture dislocation of the cervical spine with spinal cord injury resulted only from the prevention of further cord damage during transportation.

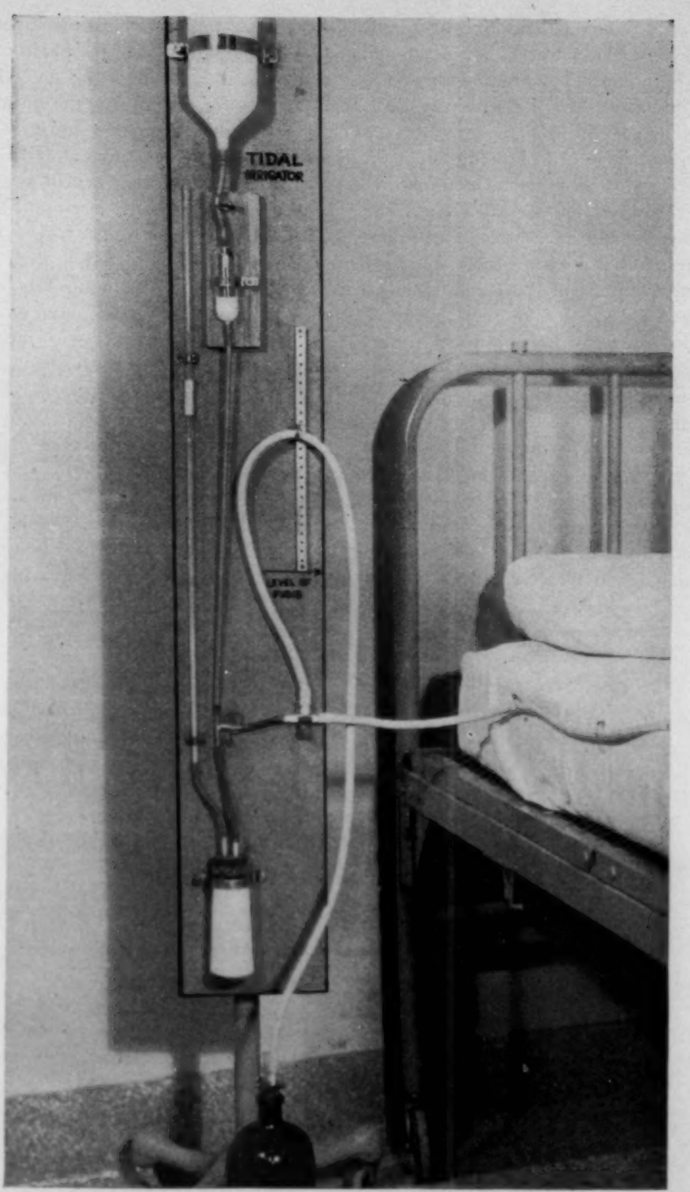
The nursing care necessary in cases of uncomplicated fracture dislocations of the spine varies with the surgical method used of obtaining reduction and immobilization. There follows an outline of the important principles and procedures of nursing care following injury to the spinal cord.

The acute cord injury: The acute cord injury is a term used to cover all patients who have received any injury followed by loss of function of the spinal cord below the injury. Loss of cord function is shown by deficient sensation, paralysis involving trunk and extremities and retention of urine. The blood vessels of the skin may be congested and sweating absent. That part of the body bereft of sensation and movement is unable to withstand anything like normal pressure and is exceedingly liable to bed sores. It is impossible to decide for a period of days or even weeks whether this deficit is a result of severance of the cord or is due to a relatively minor structural lesion producing spinal shock. Spinal shock abolishes the function of the cord below the site of the injury but only temporarily.

Acute cord injury commonly results from fracture-dislocation of the cervical spine. Surgical measures are directed towards immobilization of the fractured spinal column in such a way as to facilitate nursing. The patient's survival, when the spinal cord is not functioning, depends entirely upon efficient replacement of the lost functions. Nursing care must be substituted for the paralysis, deficient sensation and liability to bed sores, the urinary retention and absence of the heat regulating mechanisms. Only by the most meticulous nursing care can the patient be kept alive for a long enough period to allow of subsidence of spinal shock and recovery.

Bed Sores: The patient is best nursed in a bed with a fracture board and a firm mattress. From the hour of admission a planned campaign for the prevention of bed sores must be started. Most liable to break down are the buttocks, the heels and the skin overlying the sacrum. The patient must be turned "in one piece" at least every two hours from back to side, to back, and then to the other side. Lying on the back the heels must be prevented from resting on the bed by means of a pillow under the calves of the legs. "Doughnuts" are mentioned only to be condemned. Lying on the side, the knees and ankles must be separated by a pillow. Back and legs must be rubbed with alcohol at every opportunity. The treatment of bed sores once the skin has broken down requires the constant avoidance of pressure. The surrounding skin must be rubbed frequently with alcohol. Local applications of possible benefit to the broken down area are legion in their variety. The local treatment used depends upon the presence or absence of necrotic tissue, of beginning epithelization and the like. The essential factor in treatment is the protection of the area from pressure at all times.

Body Temperatures: Within a few hours of an acute cord injury resulting in abolition of sweating, the body temperature will rise. Hyperpyrexia can best be controlled by iced alcohol sponges. Repeated sponging is particularly effective in such a case as all the blood vessels in the skin are paralyzed and dilated. They remain dilated throughout the sponging, so that the body temperature is lowered both by direct blood cooling and heat lost through the evaporation of alcohol. Wrapping the patient in an alcohol sheet and directing a fan on the sheet can also be substituted for the body heat normally lost by the evaporation of sweat. Iced colonic irrigations are better avoided in the presence of a paralyzed bowel. In certain patients the body temperature is abnormally low and must be maintained by


TIDAL
IRRIGATOR
LEVEL OF PUBIS

Munro's tidal irrigator as assembled in the Toronto General Hospital and slightly modified from Munro's original description.

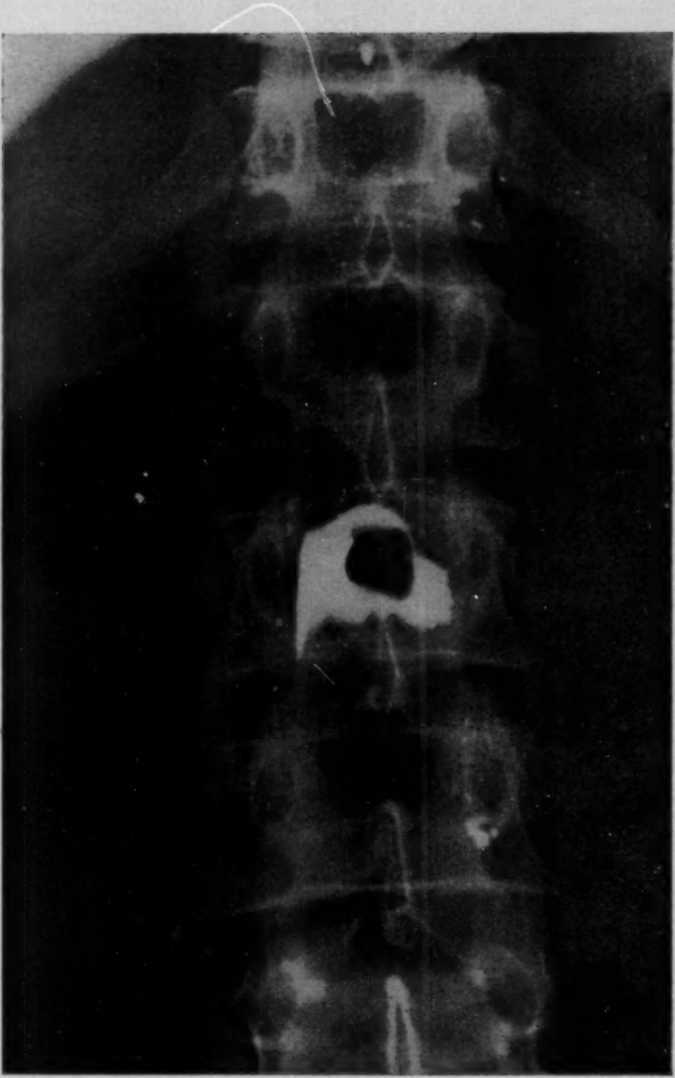
the use of blankets and a heat cradle if necessary. Hot water bottles should never be placed in contact with anaesthetic insensitive skin for it is very easily burned.

Care of Bowel: Following an acute cord injury, abdominal distension results from paralysis of the bowel. In cases where all the muscles of respiration are paralyzed except the diaphragm, abdominal distension must be prevented. A tense distended abdomen prevents adequate descent of the diaphragm during inspiration. Ventilation of the lungs is incomplete and pulmonary collapse and pneumonia may develop and a fatal outcome rapidly follow. The rectal tube and frequent intramuscular injections of pitressin or pituitrin and eserine usually contral abdominal distension. A glycerin-magnesium sulphate soap suds enema, accompanied by intramuscular pitressin, is often very effective. Linseed poultices, hot fomentations or turpentine stupes should *never* be applied to an insensitive distended abdomen. Almost inevitably a burn will result. As soon as abdominal distension ceases to be a problem the bowel should be emptied by an enema every second day. Liquid paraffin should be administered three to four times a day to prevent the formation and impaction of scybalous faeces. The instillation and retention of four to six ounces of olive oil in the rectum serves to soften scybalous faeces.

Care of the Bladder: Painless urinary retention follows an acute cord injury and it is no exaggeration to say that the patient's life depends upon the care of the paralyzed bladder. Infection of the bladder, leading to infection of the kidneys, is a constant danger avoidable only by completely emptying the bladder at regular intervals. This may be done by catheterization at intervals of eight hours, by using an indwelling catheter connected to an irrigating apparatus (Duke irrigator), or by means of the tidal irrigator as described by Munro. Regardless of the means, the most scrupulous aseptic technique must be used to avoid introducing infection. Involuntary reflex micturition which keeps the patient wet is equally serious. The development of bed sores is practically impossible to prevent and healing never occurs in a "wet" patient. Two objectives must be attained, therefore, a bladder undamaged by over distention or infection and a dry bed.

Care of Paralyzed Extremities: Paralyzed extremities must be moved by the nurse through a full range of movements at each joint twice each day. This prevents the formation of adhesions and the development of stiff joints. It is tragic to see paralyzed muscles recovering but unable to move stiff ankylosed joints resulting from lack of this simple precaution. Patients severely paralyzed following spinal cord injury can and do become useful citizens able to walk and drive a car. This degree of recovery may take months, during which there will be periods of great discouragement. The part a nurse can play in helping a patient build and maintain a courageous determination is unlimited. Morale is all-important for the patient's recovery of movement in paralyzed limbs depends largely upon active re-education. Persisting frequent periods of exercise are essential and fatigue must be avoided. How the individual patient can be persuaded and inveigled into active re-education is a problem requiring intimate knowledge of his occupation, hobby and aspirations.

Tumours of the Spinal Cord and Cauda Equina: These tumours cause gradual loss of spinal cord function. Slowly increasing compression of the spinal cord by a tumour results in gradual loss of normal function of the cord



X-ray showing complete hold-up of intraspinal lipiodol, indicating a spinal cord tumour.

below the level of the tumour. Power or sensation or both may be gradually lost in the parts of the body receiving their nerve supply from the cord below the tumour. The function of bladder and bowel is usually disturbed. Pain from stretching of a sensory nerve root is common and is projected to that part of the body supplied by the nerve root. Pain may be the outstanding symptom and referred to part of the abdomen or chest, or to an extremity.

Special Diagnostic Measures: Lumbar puncture greatly adds to the information provided by clinical examination. Testing of the dynamics of the cerebrospinal fluid (C.S.F.) by measurement of pressure and changes of pressure may indicate a tumour blocking the vertebral canal. Chemical, microscopic and serological examination of the C.S.F. again provides essential information. X-rays of the vertebral column may show erosion of part of a vertebra by a spinal cord tumour, or by means of lumbar puncture X-ray opaque material such as lipiodol may be injected into the spinal subarachnoid space which contains the cerebrospinal fluid. Fluoroscopy and X-rays combined with appropriate tilting of the patient should then demonstrate the free passage of the lipiodol throughout the length of the spinal cord. Partial or complete obstruction to the passage of lipiodol indicates the situation of the tumour. In the accompanying illustration there was a complete hold-up of the lipiodol at this level with a constant deformity and a benign spinal cord tumour was removed successfully. Oxygen or air may be used to replace the C.S.F. for air is X-ray opaque. X-ray studies of oxygen myelograms are particularly useful in establishing whether pressure on a nerve root is the cause of sciatica.

Pre - and post-operative nursing care: In patients with disturbed sensation the prevention of bed sores is particularly important. Operation on the spine may be indefinitely postponed by the development of a pressure sore. Intermittent catheterization or tidal drainage may be necessary on account of disturbed bladder function. Sedatives, enemata and sterile preparations are carried out as ordered by the surgeon. Post-operatively, the patient is placed on a firm mattress with underlying fracture board. Turning every two hours, with attention to the back each time, is again the prime factor in prevention of bed sores. Turning of the patient " in one piece" without twisting the spine requires two or three assistants to minimize the pain involved. Following recovery from the anaesthetic, any changes in voluntary movement of the arms and legs are noted. The existing range of activity is recorded and checked each time the patient is turned. Gradual development of paralysis post-operatively must be called to the surgeon's attention at once for it may be due to post-operative haemorrhage.

Temporarily increased difficulty with micturition is common following a laminectomy and removal of a spinal cord tumour. Accurate nurses' notes should be kept as to the frequency and volume of urine passed each time the patient voids. Disturbed bladder function is treated in the same way as following an injury to the spinal cord. Sedatives are generously administered—morphine grs. ¼ is given to relieve the not inconsiderable pain of the first 24-48 hours following the operation.

Most spinal cord tumours are benign. Striking recovery of power occurs in paralyzed extremities, bladder and bowel. Active re-education by the patient is again essential to the return of power. Relief from pain is often dramatic and particularly in sciatica due to tumours stretching nerve roots.

The Treatment of Juvenile Delinquency

FRANK J. CURRAN, M.D.

The use of art in treating emotional problems has been recognized for some time and papers dealing with this therapy have been written by many workers including Liss[23], Bender[24], Levy[25], and Prinzhorn[26]. In the art class on the adolescent ward[27], of the Bellevue Psychiatric Hospital, the children use water colors, crayons or pencils. We have not used finger painting for economic reasons. Some children draw on tables, others attach paper to easels and draw while standing up.

When the art class was started, we had an art teacher sent to us from the Federal Art Project. When this art teacher was withdrawn we substituted one of the graduate nurses who has continued to carry on this art work for an hour or two each day. In such a class, we believe that the child should be encouraged to draw anything he wishes, rather than that he should be taught techniques to make him a successful artist.

The first task of the art teacher should be to encourage the patient to draw and the teacher should not suggest topics. His attitude should be tolerant, not critical. This attitude is necessary as our patients often wish to draw obscene or sadistic scenes. Should a patient show marked preoccupation along sex lines and draw overt sexual pictures, this should be permitted, but arrangements should be made for the patient to work in the art class when no other patients are there.

In order to encourage paintings of various types, the teacher should display the work done by the patients on the walls of the art class and also in the physicians' offices, school rooms, etc. The teacher should make detailed notes as to the behavior of the patients in the art class, such as the way they approach the problem, the amount of encouragement needed, and should write down the comments made by the patients not only about their own art productions, but also those of their fellow workers. Moreover, patients working in an art class when doctors are not present will often feel more free to discuss their ideas on aggressiveness, stealing, and their attitude toward parents, physicians and teachers.

After the patient has completed his drawing, the teacher should interview him, asking him why he chose this particular subject, whether suggestions were given by others and exactly what he thinks the drawing represents. The patient should then be encouraged to use the "free association" method, discussing incidents which the painting has brought to the conscious level. The statement of the patient should be written on back of the drawing and handed to the psychiatrist. The physician, in his later interviews, can thus use the art material as an aid in understanding and treating the patients. Moreover, the drawing of the picture itself, from the standpoint of catharsis, expression of motor impulse, instinctual impulse, aggressive and sexual drives is of great help to the patient.

I wish to emphasize that the art work is not done to make artists but to give to our patients free expression of the driving forces within them which have been dammed up and have led to neurotic or social difficulties.

It is necessary to consider each picture in connection with the mental problems of the patients, and this is especially true in cases of adolescents, where sexual problems often appear in symbolic forms. Many patients are hounded by restlessness and fears and try to find peace by elaborating tranquil landscapes. Sometimes they will indulge in drawings with very meticulous details. In neurotic patients, the repressed impulse may also appear in a continuous repetition of the same motif.

One may also get leads as to the patients' emotional problems from the colors he selects. For example, patients who are aggressive will use colors such as reds and yellows, while darker colors are preferred by those involved in problems of death and annihilation. In our opinion, it makes a great deal of difference if one prefers to draw curves or angles, as the latter indicates aggressiveness. Mentally defective patients draw primitive forms such as persons with abnormally large heads, with arms and legs coming from the head or neck. Schizophrenic drawings are usually symbolic and these patients often portray pictures of eyes, breasts, crystals piercing the body and the like. Epileptic patients often use vivid red colors in their drawings[28].

Dramatic activities: Another form of group therapy which we use is the dramatic project[29]. In this activity, the boys write and act out their own plays under the supervision of a dramatic coach or nurse. Occasionally they adapt plays from stories they have read or movies they have seen. The majority of the plays are concerned with problems of aggressiveness, stealing, and gang formations. They write and rehearse for the plays daily and put on one play each Saturday morning. After the play, a group discussion is held with all the patients on the ward. The children are asked if they believe the play is true to life, how they would change the plot or alter the conduct of any of the cast or change the ending. In the course of the discussion, the children then spontaneously bring up more intimate problems dealing with interpersonal stiuations in the hospital, court, school and home. Boys whose clinical behavior indicate they dislike a parent or sibling, but who deny this in psychiatric interviews, will talk openly in the conference about similar characters in the play, describing them as hateful people who should be punished in various ways or even killed. Moreover, in the discussion, the patients will freely admit aggressive behavior which they have previously denied. With the leads thus presented to him, the psychiatrist can work more intensively in future individual psychotherapeutic conferences and can insist on further associations which lead deeper into the individual's conflicts.

The mechanisms of identification and projection are clearly seen in the plays written and the selection of parts by the boys themselves. We have seen repeatedly that effeminate boys will beg for feminine roles in plays while our more aggressive boys wish to portray the gangster parts, while the schizoid boys wish to represent such persons as teachers, nurses, judges, attorneys or physicians. At times we insist that the submissive or effeminate children play the aggressive characters in the dramatic production. In many such cases we could then see marked changes in the behavior of these children. They felt more capable of handling themselves, were less bullied and, in general, mixed better with other patients.

Athletic Program: The necessity for adolescent boys in good physical condition to have an accepted socially approved outlet for their physical energy is obvious. For this reason, two athletic coaches work full time on the ward, one in the morning and early afternoon, the other in the late afternoon, evenings and holidays. All children, unless physically ill, are assigned for athletic activity two or three times daily for periods of an hour or more. Whenever possible, the boys are divided according to their physical size and strength. Various types of ball games, rope jumping, running games, roller skating and boxing activities are utilized. Special lessons in boxing and wrestling are given to the schizoid or effeminate children. When these children are able to defend themselves they are no longer victimized and their mental attitude changes markedly. Moreover, many of these children who have inadequate opportunities for play in congested parts of the city, learn for the first time how to play ball, to box, etc. Our nurses carry on these athletic activities with the boys in the absence of the regular athletic coaches.

Music Project: Singing classes and rhythm band activities are utilized. Singing classes are of definite socializing value and the rhythm band activities are particularly beneficial for our hyperkinetic children. Van de Wall[30] has written in detail about the work of music in institutions. For a time we had a W.P.A. teacher who gave instruction in ballroom dancing to the boys; this was of definite socializing value also.

Occupational Therapy and Physiotherapy: We utilize all the regular hospital projects including physiotherapy and occupational therapy. Children with acne are treated with ultra-violet light. Fever therapy is used in selective cases of chorea and post-encephalitic hyperkinetic children. Each child is given individual psychometric tests by a qualified psychologist.

Miscellaneous Activities: On the ward we have had instructors and nurses who taught the boys how to play checkers, dominoes, and quiet types of athletic games such as ping-pong and shuffle board. The teaching of such games is done not only to help keep the children occupied while in the hospital, but serves to teach them games they can utilize in their future social contacts.

Group Conferences: In addition to the conferences held with all the patients after the plays, we have group discussions with six to ten boys at a time. Frequently one or more student or graduate nurses sit in at such sessions. In these conferences, we discuss various types of aggressive behavior manifested by the boys on the ward. We also use such conferences to clarify their attitudes toward sexual anatomy and physiology as well as toward their ideas of illnesses in general.

Both children and adults have very distorted ideas about various types of bodily ailments and we feel it is important that they be given a better orientation about their own bodies and about disease pictures in general. For example, many boys in need of minor operations such as dental extractions, tonsillectomies, or circumcision, are terrified that they will be castrated or receive permanent injuries as a result of such procedures.

In addition to the participation in various group activities each boy has several individual psychotherapeutic conferences with the psychiatrist. In such conferences, what has happened in the various group activities is summarized and explained in its deeper aspects. It is also possible in this way to exemplify to the adolescent his own problems in the problems he sees in others and which he can recognize more readily in other boys than in himself. He learns that when the ward discipline forces him into restrictions these restrictions are socially necessary.

Discipline: We do not permit physical

punishment of any kind on the adolescent ward, nor do we deprive the children of food, such as dessert, when they have been destructive. Our policy is to bring the child into the physician's office for an interview whenever he has been assaultive or destructive. An attempt is made to understand why the child behaved as he did, and he is given another chance to join in the ward routine, but is told that if he repeats this behavior he will have to be subjected to certain disciplinary measures as his behavior cannot be tolerated if the ward is to function properly. Every child should be given a warning and a second chance. If he repeats the offense our first disciplinary step is to remove his clothes and put him into pajamas for 24 hours. This is considered to be a definite punishment as it immediately singles him out from his fellows and it indicates to his relatives who visit him that he has been in difficulty. If the offense is again repeated or is more severe, he is also prevented from attending activities off the ward, such as school, occupational therapy and athletic activities.

If a patient has a severe temper tantrum and this cannot be controlled by an interview with the ward physician, then occasionally we put a child into seclusion for 15 to 30 minutes, explaining to him that such a procedure is necessary as we cannot permit him to continue disturbing the ward. As soon as the temper outburst subsides, he is removed from seclusion. If we discover that a boy is showing repeated destructive behavior such as breaking windows or furniture and the above described procedures do not check his conduct, we sometimes transfer him to another ward for a 24-hour period. Occasionally we forbid his attendance at the movies, held weekly, if he is repeatedly destructive.

In deciding disciplinary measures, we must be guided by the diagnosis in each case. For example, post-encephalitic psychotic children are often unable to control their restless, aggressive behavior. On the other hand, some boys deliberately break rules or are destrutcive to show their defiance of authority. Psychotic children who develop marked outbursts of aggressiveness sometimes have to be treated on the disturbed wards with various forms of hydrotherapy until the excited episode is over, after which they are usually returned to the adolescent ward.

(*To be continued*)

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Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

General Meeting in 1942

The next General Meeting of the Canadian Nurses Association is to be held in the City of Montreal, with the Association of Registered Nurses of the Province of Quebec as the hostess organization. While definite dates for that meeting have not been fixed yet, it is anticipated that as customarily the latter part of the month of June will be selected.

The holding of a general meeting of the National Organization in Montreal in 1942 has been specially planned as that year will mark the three hundredth anniversary of the founding of the City, as well as the arrival of Mlle Jeanne Mance, the Founder of Hotel Dieu Hospital and "Canada's First Nurse". Due to the war, all early plans for fitting and extensive celebrations of these two events have been greatly modified. However, under the direction of Reverend Mother Allard, Mother Superior of her Community, Hotel Dieu Hospital, members of the C.N.A. will be privileged to join in a simple, appropriate ceremony in observing the Tercentennial of Mlle Jeanne Mance's arrival at Ville Marie, the original name of the City of Montreal.

To the Nurses of Britain

On April 8, 1941, when acknowledging a donation of $1500. from the Canadian Nurses Association to the Civilian Nurse Air-raid Victims' Fund, Miss Goodall, secretary of the Royal College of Nursing, wrote:

> Thank you for asking if there is any other type of help you could send. After very careful consideration it was agreed that money would be the most acceptable form of help so a cable was dispatched to you yesterday to that effect. You, as well as those who have so generously contributed towards the Fund, will be interested to hear that the amount received is now over £2000.
>
> Will you please convey our grateful thanks to all concerned and tell them how much their help is appreciated by all of us and especially so by those who have suffered from the air raids and have been helped by the Fund.

Also we wish to quote a paragraph from a letter received recently from Miss Goodall by the President, Miss Grace M. Fairley:

> The Civilian Nurse Air Raid Fund is really being of great benefit. Only this week I went to Exeter and was there during the dreadful bombardment of Plymouth and was able to see and help some of the nurses affected. One of them, a young woman of thirty and in the middle of her training, had lost the use of one eye, her right leg had been broken and both her hands were injured so severely that I am afraid she never will be able to go on with her nursing. Also, of course, she had lost all her personal possessions. It was wonderful to be able to provide her with new articles of clothing and to assist her with funds to meet what will of necessity be a lengthy convalescence.

The following list of donations received during the past month indicate the desire of the nurses of Canada to help provide the means by which the devastating losses of those heroic nurses of Britain can be alleviated in some measure. The donation from the Alberta Association of Registered Nurses includes a large contribution from a former Edmonton nurse now residing in the United States.

Alberta:

Alberta Association of Registered Nurses	$300.00

British Columbia:

Registered Nurses Association of British Columbia	500.00

Nova Scotia:

Valley Branch, Registered Nurses Association of Nova Scotia	61.50
Halifax Branch, Registered Nurses Association of Nova Scotia	38.75
Cumberland County Branch, Registered Nurses Association of Nova Scotia	15.40
Antigonish-Guysboro-Inverness and Richmond Branch, Registered Nurses Association of Nova Scotia	5.00
Nova Scotia Military Nurses	11.00

Ontario:

District 1:

A. A., Public General Hospital, Chatham	100.00
A. A., St. Joseph's Hospital, Chatham	50.00
A. A., Grace Hospital, Windsor	5.00
Nurses of London	950.00

Districts 2 and 3:

Nurses of Districts 2 and 3, Registered Nurses Association of Ontario	36.00

District 4:

Nurses of Niagara Falls	25.00
Nurses of St. Catharines	161.25
Nurses of Hamilton	537.33

District 5:

A. A., Oshawa General Hospital	10.00
Nursing Staff and Students, Oshawa General Hospital	13.25
A. A., Grant Macdonald, Toronto	20.00
A. A., Riverdale Hospital, Toronto	25.00
A. A., St. Andrew's Hospital, Midland	16.50
A. A., Hospital for Sick Children, Toronto	150.00
Hospital for Sick Children, Staff of the City and Country Branch	83.00
Student Nurses, Hospital for Sick Children	75.00
University of Toronto, School of Nursing	74.25
Professional Women's Association, Toronto Hospital, Weston	50.00
Graduate Staff, Women's College Hospital	25.00
Staff Nurses, Toronto Western Hospital	55.00
Graduate and Student Nurse Staff, Ontario Hospital, New Toronto	23.00
Graduate Nurse Staff, Psychiatric Hospital, Toronto	17.00
Nursing Sisters, Toronto Military Hospital and Chorley Park Convalescent Hospital	336.05
Individual contribution, Toronto	14.00

District 8:

Nurses of District 8	200.00

District 9:

Nursing Staff, Muskoka Hospital, Gravenhurst	32.00

District 10:

Nurses of District 10	50.00

Quebec:

Association of Registered Nurses of the Province of Quebec	1000.00

Saskatchewan:

Regina sub-section of Hospital and School of Nursing	25.00
Graduate Nurses Association, Maple Creek	10.00

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

Edmonton Branch No. 7, Alberta Association of Registered Nurses	$10.00

Graduate Staff and Students, Calgary General Hospital School of Nursing	18.00
Medicine Hat District Association, Alberta Association of Registered Nurses	5.00
Sisters and Nursing Staff, St. Mary's Hospital, Camrose	5.00
Student Nurses, Misericordia Hospital, Edmonton	5.00
Superintendent and Staff Nurses, Coronation General Hospital	3.00
Over-Seas Nurses Club, Edmonton	5.00
University Hospital Alumnae Association, Edmonton	5.00
Nova Scotia:	
A. A., City of Sydney Hospital	5.00
Antigonish-Guysboro-Inverness and Richmond Branch, Registered Nurses Association of Nova Scotia	5.00
Lunenburg County Branch, Registered Nurses Association of Nova Scotia	10.00
Halifax Branch, Registered Nurses Association of Nova Scotia	10.00
Pictou County Branch, Registered Nurses Association of Nova Scotia	5.00
St. Elizabeth's Guild	5.00
Ontario:	
A. A., Hamilton General Hospital	5.00
A. A., Memorial Hospital, St. Thomas	10.00
Quebec:	
Montreal Unit, Overseas Nursing Sisters Association of Canada	3.00

The R.N.A.O. Annual Meeting

The sixteenth annual meeting of the Registered Nurses Association of Ontario was held at the General Brock Hotel, Niagara Falls, on April 16, 17, and 18. At the meetings of the board of directors on April 15 and 16 there was a full attendance. This year we were fortunate in having lovely spring weather and at every session the convention hall was well filled with keenly interested nurses. The actual registration was 371, including 57 student nurses representing 41 schools of nursing. The president, Miss Jean L. Church, opened the first meeting on Wednesday afternoon, and the delegates were welcomed by the chairman of District 4, Miss Annie Boyd. The president read greetings from Miss Grace Fairley, the president of the Canadian Nurses Association, and also a letter from the editor of the *Journal*, expressing regret that she was unable to be present.

The attendance at the annual banquet was the largest in the history of our Association. Greetings were extended by Dr. A. B. Whytock, president of the Ontario Medical Association, and by Dr. H. Logan, M.O.H., president of the Niagara Falls Medical Society. Mayor George R. Inglis, who was unable to be present at the opening session, extended a hearty welcome to all the delegates. The speaker of the evening was Professor G. P. Gilmour, Faculty of Theology, McMaster University, Hamilton. His address, entitled "The Lighter Touch", was inspiring as well as entertaining. Professor Gilmour referred to the fact that spiritual and physical welfare were closely united and his remarks contained much food for thought and application in the daily lives of all nurses.

The meeting on Thursday evening was open to the public and the convention hall was filled to capacity. Dr. B. T. McGhie, Deputy Minister of Health, who is Director of Medical Services, Civilian Defence Committee in Ontario, outlined the general organization of the Civilian Defence Committee. Films were shown depicting the activities of the air raid wardens and A.R.P. workers during air raids in England. A brief survey of "The Nurses' War Activities" was presented by Miss Jean Masten. It was shown that the nurses in Ontario has made a tremendous contribution in the making of surgical supplies, clothing, knitting and many other varied activities. From all parts of the Province nurses are ready and anxious to assist.

On Thursday morning an interesting and instructive session, "A Nurse looks at Radiology," was directed by Miss Claribel McCorquodale, supervisor of nurses, department of radiology, Toronto General Hospital. A cinema was shown to illustrate (1) procedures used in radiological diagnosis; (2) the original experiment carried out by Roentgen in December, 1895; (3) the patient and radiotherapy. Methods and results of treatment in various cases were also demonstrated. This was a session greatly appreciated by the delegates, as shown by the large attendance and the readers of the *Journal* will judge the value of this information to all nurses after they have had the opportunity to read Miss McCorquodale's paper, which we hope will be published in a later issue. (*Editor's Note*: It surely will.) In connection with this session a room was set aside where the following exhibits were on view: (1) illustrating a number of radiological diagnostic procedures; (2) a photographic display showing results of treatment; a complete set of requirements for the insertion of radium. Staff nurses from the department of radiology and department of neuro-surgery were present and they with Miss McCorquodale were most willing to answer questions and give further information.

The business meetings of the three Sections were held on Friday morning and following was a general session, with Miss N. Margaret Dulmage as chairman. At this meeting Dr. J. H. Ebbs, spoke on recent advances in nutrition. Dr. Ebbs, in his work with the Research Department of the University of Toronto, is an outstanding authority on the study of nutrition and gave much information concerning advances made in this field, which was of valuable interest to all nurses. At some future date we hope to have an article prepared by Dr. Ebbs for publication in the *Journal.*

The reports of the standing and special committees were presented at the afternoon sessions on Wednesday and Thursday. The membership committee reported that on December 31, 1940, the membership was 5,139 and to date the membership for 1941 was 4,558. The following recommendation of the Legislation Committee was adopted:

> That as the names of the Nurse Education Section and Private Duty Section of the Canadian Nurses Association were changed to Hospital and School of Nursing Section and General Nursing Section that similar changes be made in the by-laws of the Registered Nurses Association of Ontario.

The reports of the administrative and trust fund committees in connection with the Permanent Education Fund showed that 24 loans amounting to $4,950. had been granted; six of these have been repaid in full. The recommendation that members be again requested to contribute twenty-five cents towards the building up of this Fund in 1942 was adopted. The Provincial Florence Nightingale International Memorial Committee reported that some contributions had been received for 1941 and on receipt of information from the National Committee letters were forwarded to alumnae associations, hospitals and other interested groups notifying them that for the present no further donations were requested. The Provincial Joint Committee, National Enrolment of Nurses for Emergency Service reported 1,187 nurses were enrolled. The following resolution from the National Joint Committee has been forwarded to each of the Districts:

> That the Provincial Joint Committee be advised that they should announce to the nurses on their lists that if they wish to be called up for service they should make personal application to the District Medical Officers of the R.C.A.M.C.

Reports of special interest to all nurses included one on the activities of the Council of Nurse Education presented by Miss A. M. Munn, in the absence of the chairman, Miss Gertrude M. Bennett, and reports on refresher and extension courses as conducted by the University of Toronto School of Nursing and the University of Western Ontario. *The Canadian Nurse* Circulation Committee report showed a slight increase in subscriptions. The exhibit, composed chiefly of posters, some of which were made by student groups, was well arranged under the direction of Miss Agnes Ebbage. We deeply regretted the change in the program due to the unavoidable absence of the editor, Miss Ethel Johns, whose remarks under the caption of "Editorially Speaking" are always looked forward to with interest.

The convener of the committee on health insurance spoke of the developments of Associated Medical Services and also drew attention to the plan for hospital care in Ontario about to be officially launched by the Ontario Hospital Association as being of particular interest to the members of our Association. The Registered Nurses Association of Ontario Aid to British Nurses Fund Committee reported that $500. had been forwarded to the Canadian Nurses Association from the reserve funds of the Association and in addition contributions received from the Districts have amounted to $3,560. It was the unanimous opinion of the general meeting that this fund should be continued, because nurses all over the province are most willing to contribute to such a worthy cause. The general meeting recommended that the Registered Nurses Association of Ontario make application for registration under the War Charities Act and arrangements for this are now under way. Excellent reports were presented from the Districts and the three Sections by their chairmen.

The nurses of District 4 arranged a scenic drive for the delegates following which they were their guests at tea. On the same day a drive was arranged for the student nurses following which they were the guests of Miss Buchanan and the senior students for tea at the Niagara Falls General Hospital. The board of directors were the guests of the executive committee of District 4 at a dinner on April 15, when they were honoured with a preview of the pictures, taken by Miss Annie Boyd, featuring many happy occasions within the district and which were shown at opportune moments during the days of the meeting.

The professional and educational exhibits were of interest to all the delegates and are worthy of special mention. Many groups co-operated and every available space in the corridor, allotted for this purpose, was filled. It was evident by the exhibits displayed that a great deal of time and thought had been given to the planning of the details, and many hours spent in producing the results viewed by everyone. Under the direction of Miss Muriel Winter an exhibit sponsored by the three Sections was prepared. This exhibit was a marvelous piece of work and merits special attention. The writer is indebted to the convener for the following explanation which clearly outlines the set-up:

The caption "Carry On", placed above the exhibit, reminds us first of all, that we can serve best at this present time by doing faithfully and well the work which is entrusted to us. Just below this challenge the map of Ontario hangs, marked with the cities and towns where there are hospitals with training schools for nurses.

Photo by Cory M. Taylor, Reg. N.

Map showing location of schools of nursing.

At the left hand side, a poster entitled "Should you wish to become a nurse", brings our attention down to the table itself which is set up to suggest the preparation of the nurse for her profession and the varied opportunities that await her after graduation. A "lab" scene represents an idea recently suggested in *The Canadian Nurse* that young women should take a pre-nursing science course in preparation for hospital training. The fundamental hospital course is portrayed by the "rock of preparation", and on either side of it, scenes show off duty activities.

After passing through "Registration Arch" the nurse has a choice of three roads upon which she may travel. These correspond to the three Sections of the Registered Nurses Association of Ontario—Public Health, General Nursing, Hospital and School of Nursing. Each road offers a variety of activity representing visiting nursing, Red Cross nursing, the child health centre, school health work, industrial nursing, private duty nursing, the air-ways stewardess, a bedside clinic and an operating room scene. Finally the roads converge in a modern "clover-leaf", and in the sectors of this are the military nursing scenes and Ontario Nurses War effort.

A fourth road running directly through the length of the exhibit is called "the royal road of learning" and is intended to remind us that one needs to keep up-to-date professionally. Refreshment booths at intervals carry signs which indicate that this may be done by being members of professional organizations (C.N.A., R.N.A.O., Alumnae, etc.), by doing professional reading (*The Canadian Nurse,* other magazines, books), by refresher courses and post-graduate study. A little brown church tucked in an angle of the road suggests the need for spiritual refreshment also. From the clover-leaf the road winds on to our common "goal", as set forth on a poster in the words of Sir George Newman: "to defeat disease, to lengthen man's days, in the ultimate issue to emancipate the imprisoned splendour of the human spirit".

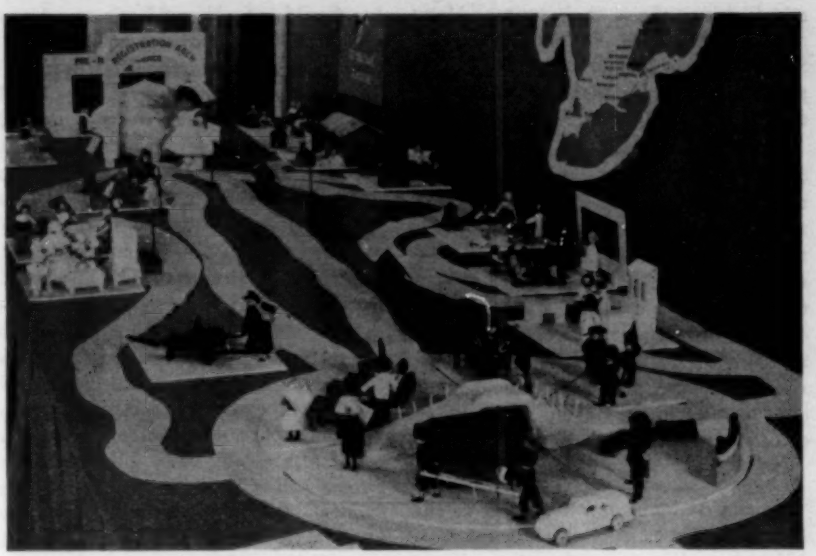


Photo by Cory M. Taylor, Reg. N.

Roads leading to good nursing.

This exhibit has been so prepared that it can be readily packed for transportation and it is hoped that the Districts will plan to use it at their meetings, in order that many more may have an opportunity to view this interesting piece of work.

In keeping with present day activities the students of Toronto Western Hospital described in miniature style the series of emergency nursing classes as outlined by the Registered Nurses Association of Ontario. On hand were miniature supplies and bandages all labelled. All kinds of accidents had occured and with dolls as patients the treatments were demonstrated, including the various degrees of burns. Two small figures, carved in soap, demonstrated resuscitation. The Niagara Falls private duty nurses, as their contribution, displayed the complete decontamination equipment in gas air raid attacks as well as an air raid shelter built with sand bags.

Many exhibits were historical in character including one of particular interest from the Mack Training School, St. Catharines, featuring some of their valuable relics. The preliminary students of the Toronto Western Hospital, as their project, compiled a "history of nursing through the ages" which was included in the exhibit prepared by the history of nursing committee. Also connected with the exhibit of this Committee were two posters made by the students of the Hospital for Sick Children, Toronto. One was a facsimile of the large stained glass window in the front of the hospital and surrounding this were pen and ink sketches of the original building as well as some of the changes and interesting activities throughout the years. The second poster was made up of snap shots taken of activities at their country Hospital at Thistletown. The students of St. Joseph's Hospital, Toronto, prepared in miniature their central supply room, including the sterilization room.

The work of the visiting nurse was clearly shown by the posters of the Victorian Order of Nurses for Canada. In addition there were small exhibits from many training schools, in some instances these were special projects of that particular school and included scrap books dealing with new drugs, current events, a record of the 1940 R.N.A.O. Convention, as well as posters depicting salient features in the nursing care of the diabetic patient and organization and plan for training of nurses in an obstetrical division. The exhibits on display from many commercial firms were of great interest to the nurses. We wish to express our appreciation to these firms, and their representatives who were present, for their continued co-operation and support.

The officers for 1941-42 are as follows: president, Miss Jean L. Church, Ottawa; first vice-president, Miss Mildred I. Walker, London; second vice-president, Miss Jean Masten, Toronto; secretary-treasurer, Miss Matilda E. Fitzgerald, Toronto.

MATILDA E. FITZGERALD,
Secretary-Treasurer.

The A.A.R.N. Annual Meeting

This year the Alberta Association of Registered Nurses departed from its usual custom of holding meetings either in Calgary or Edmonton and went south to the city of Lethbridge. It was most gratifying to have an attendance of ninety-five members. At the opening session the president, Miss Rae Chittick, thanked the progressive nurses of District 8, A. A. R. N., for their invitation to hold the meeting in Lethbridge. Mention was also made by the president of the opening of a provincial office in St. Stephen's College, Edmonton, and a cordial welcome was extended to all members to visit it at the earliest opportunity.

Miss Chittick gave a full explanation of the new Alberta Registered Nurses Act (1941) which was recently passed by the Provincial Legislature. The Act provides for the entrance requirement for schools of nursing to be high school diploma with successful completion of courses in chemistry 2 and either physics 2 or biology. The new Act also gives the Association control of its constitution by granting authority to pass by-laws in general meeting, including the election of a council. High tribute was paid to Miss Blanche Emerson, convener of the legislation committee, for the years of thought and effort which she has given to the formation of the Act and the drafting of the by-laws. The registrar's report showed the total active membership for the year as 1405, an increase of 100 over 1939. The secretary gave details of the British Nurses' Relief Fund, and reported that $329.35 had been collected during the month in which the campaign had been in operation.

The first morning session was taken up with the important business of passing by-laws to conform with the new Act. In the afternoon a most interesting talk was given by Mrs. H. N. Meech on local social conditions. She told of the two welfare centres in Lethbridge, the Nursing Mission, which has functioned for thirty-five years, and the Travellers' Aid, which has been in operation for twenty-five years. Both ventures were started by women, the first by Mrs. G. W. Robinson, a former matron of Galt Hospital, and the second by Dr. Sara Detweiler. The Nursing Mission also serves as a registry for private duty nurses. In thanking Mrs. Meech for her address, Miss Chittick said that the Nursing Mission was known as an unique institution where welfare services were co-ordinated in a manner unknown elsewhere. The guest speaker at the banquet was Dr. E. P. Scarlett of Calgary, whom those who attended the biennial meeting last year will remember for his splendid address "Till the Barrage Lifts." This time his stirring patriotic speech was entitled "The Endless Adventure", and he concluded by asking the guests to drink a toast to the spirit of the men and women now defending us — the soul of Britain.

On the following day the reports of the eight Districts of the A.A.R.N. were read by the various delegates and gave evidence of activity in Red Cross work and home nursing classes under the auspices of the St. John Ambulance Association. At concurrent meetings of the three Sections correspondence from the Canadian Nurses Association, previously read by the president, relative to the maintenance of nursing standards was considered. The encouragement of promising pupils to undertake post-graduate study was recommended. It was also suggested that loans and bursaries be increased, and that there be further consideration of V. A. D. training.

Miss Margaret S. Fraser, superintendent of nurses, Royal Alexandra Hospital, Edmonton, gave an outline of the factors which would be necessary to establish a Central School of Nursing in Alberta. This proved to be of great interest and Miss Fraser and her committee will continue to work out further plans for this project. Miss Gertrude Allyn of Edmonton was appointed to replace Miss Agnes Macleod (now overseas) on the committee of Inspection of Schools of Nursing. Miss Catherine Clibborn, University Hospital, Edmonton, gave a detailed report of the committee engaged in a survey of the duties of ward aides. A lively discussion followed.

Miss Violet Chapman spoke of her work as convener of the provincial *Canadian Nurse* Committee and urged that subscriptions be kept up in spite of the demands of war time. It was suggested that each District appoint a representative to be responsible to her for forwarding subscriptions, articles, and news items. A report from Miss Barbara Beattie, convener of the committee on the Eight-Hour Day, showed that questionnaires had been sent out enquiring concerning hours of work, schedules, and the degree of efficiency and satisfaction obtained. Replies showed a definite trend toward improvement of hours of work and particularly hours of night duty. Working conditions for student nurses have improved, some schools counting lecture time as being on duty.

In the afternoon, addresses were given by Mr. Dennis K. Yorath, manager of the Kenyon air-field, who spoke on the British Commonwealth air training scheme. Mr. H. L. Seamans of the Dominion Entomological Laboratory, gave an illustrated talk on insects causing disease in Alberta. He also displayed an interesting coloured movie depicting the life and habits of the ticks which carry tularemia and Rocky Mountain spotted fever.

The business sessions concluded with the election of officers, including the chairmen of the three Sections who automatically become members of the Council: President, Miss Rae Chittick, Calgary; first vice-president, Miss Catherine M. Clibborn, Edmonton; second vice-president, Sister M. Beatrice, Lethbridge; secretary-treasurer and registrar, Mrs. A. E. Vango; councillor, Miss Margaret D. McLean; chairmen of sections: hospital and school of nursing, Miss Helen S. Peters, Edmonton; public health, Miss Audrey Dick, Calgary; general nursing, Miss Leona Hennig, Edmonton; convener of the provincial *Canadian Nurse* committee, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

As a delightful conclusion to a highly successful meeting, tea was served at St. Michael's Hospital, preceded by a tour of that most up-to-date building arranged by Sister Beatrice, the Superintendent.

A. E. Vango,
Secretary-Treasurer & *Registrar.*

The A.R.N.P.Q. Annual Meeting

The Association of Registered Nurses of the Province of Quebec can now be considered as having reached mature age, having held its twenty-first annual meeting on April 17 and 18. Four sessions were held in the Ritz Carlton Hotel, and one in the Hôtel Dieu de St. Joseph. The program, especially planned to meet the needs of the times, was excellent and the attendance at morning and afternoon sessions larger than usual — evening sessions, however, were not so well attended. In order to conserve time and stimulate interest in the work of our organization, all reports were mimeographed, and one thousand copies (500 each in English and French) of the twenty-five page document prepared for distribution. Many members throughout the province have expressed appreciation of this service and some are planning to use the reports as a basis for study and discussion at local group meetings.

The meetings opened on the afternoon of April 17 with the president, Miss Eileen C. Flanagan, in the chair. Greetings from Miss Grace M. Fairley, President of the Canadian Nurses Association, were read by the president, and the French vice-president, Rév. Soeur Valérie de la Sagesse, in English and French respectively. Miss Fairley's message was timely and appropriate and contained a challenge to Quebec nurses which merits wholehearted co-operation and response. In her presidential address, Miss Flanagan outlined the responsibilities facing us at the moment and urged all members to co-operate more freely and fully.

Following a brief business session, members of the St. John Ambulance Brigade gave a demonstration in air-raid precautions which was followed by a most moving and thrilling film, depicting the life of Clara Barton, entitled "The Flag of Humanity". This program was presented again during the evening session in order that those who had been unable to attend in the afternoon might have the opportunity of seeing and hearing things which reminded one of the grimness of the hour and of the glorious accomplishment of a woman whose contribution to the building of the American nation shineth as the stars. During the afternoon and evening sessions and immediately preceding the A.R.P. demonstration, St. John Ambulance Brigade certificates as instructor in A.R.P. and first-aid in air-raid casualties were presented to seventy-one members, thirty-three of whom are French, including nine sisters, and thirty-eight English.

On April 18, the sessions opened at the Hôtel Dieu, the chairman being the Rév. Soeur Hébert, chairman of the hospital and school of nursing section (French group) and director of nursing at Hôtel Dieu. The first speaker on this occasion was Rév. Soeur Denise Lefebvre, B.A., B.Sc. R.N., instructor, Institut Marguerite d'Youville, University of Montreal, her topic being clinical teaching in the education of the nurse. This was followed by a well organized and instituted round table discussion on the subject, those participating representing all the French schools of nursing in Montreal and environs. Monsieur l'abbé Iréné Lussier, diplômé de l'Institut National d'orientation professionnelle de Paris, school visitor and professor at the Pedagogic Institute, Montreal, followed with a most inspiring address entitled "Study Methods". The attendance at this session was the best on record and the speakers were most enthusiastically received.

In the afternoon a general bi-lingual session was called to order, the joint-chairmen being Miss Kathleen Dickson and Mlle Annonciade Martineau, chairmen of the two groups of our public health section. In support of the active campaign on foot at present in our province to secure legislation to control syphilis, the program on this occasion was concerned entirely with various aspects of the subject, which were ably treated by two highly qualified speakers. Dr. L. P. Ereaux, dermatologist at the Royal Victoria Hospital, presented general problems of syphilis in the Province of Quebec, and Dr. Albéric Marin, professor of dermatology, University of Montreal, and chief of the dermato-syphilographic clinic at Hôpital Notre-Dame, spoke on some principal aspects of acquired syphilis, his topic being illustrated with slides and handled fluently in both languages. Two excellent films entitled "With these Weapons" and "Three Counties against Syphilis" completed the picture and brought to a close one of the most informative and interesting meetings ever held in our name.

Preceding the final evening session the board of management entertained at dinner. Their guests included the speakers of the evening, the Mayor of Montreal, the president of the Canadian Hospital Council, and the director of the Montreal Department of Health. Representatives from McGill University and the University of Montreal also attended the meeting. His Worship, Mayor Adhémar Raynault, introduced the Hon. Henri Groulx, Provincial Minister of Health, whose address given in both languages, outlined the plan and purpose of his department and the role of the nurse in making such plan and purpose effective. An inspiring address on the war situation given by Mr. F. J. Philip, Canadian correspondent of the *New York Times*, completed the program. Mr. Philip, who had been Paris correspondent for the *New York Times* for a period of fifteen years, also addressed us in both languages.

The election of five English-speaking members to the Board of Management brought the meeting to a close. The officers were chosen by the board as a whole as follows: President, Miss Eileen C. Flanagan (re-elected); vice-president (English), Miss M. K. Holt (re-elected); vice-president (French), Rév. Sr. Valérie de la Sagesse (re-elected); honourary secretary, Mlle Alice Albert; honourary treasurer, Miss Fanny Munroe; members without office: Mlles Maria Roy, Suzanne Giroux, Juliette Trudel, Miss M. E. Nash, Miss Mary G. Ritchie.

E. Frances Upton,
Executive Secretary & *Registrar.*

The M.A.R.N. Annual Meeting

The interval between "annual" meetings is very brief indeed. At least so it seems to those officers responsible for program and arrangements involving consideration of so many details. When, however, the time for the opening session arrived on April 4, we were delighted to find nurses from all parts of the Province assembled and there was evidence of interest and enthusiasm on the part of all present. The Rev. Mr. Bolton gave the invocation, and an address of welcome was given by the Hon. James McLenaghen, Minister of Health and Public Welfare. Mrs. S. P. Darrach of Brandon ably responded.

Reports from the following Graduate Nurses Associations in the Province were heard with interest: Brandon, Dauphin, Portage la Prairie, Flin Flon, and the Pas. These were followed by reports of the activities of the various sections, committees, and representatives to the affiliated organizations. Each report showed evidence of progress being made and support of war activities was prominent throughout.

The executive secretary, treasurer and registrar reported on the progress of the Association. A survey of the nursing resources of the Province (with special reference to married and practical nurses) is being conducted. Assistance is being given to a committee on standardizing school of nursing records and a minimum curriculum is also being prepared. Collection of funds for the Nightingale Memorial Fund and the Civilian Nurses Air-Raid Victims Fund was also reported on. Two hundred and twenty-six new registrants were granted membership during the year. A study of the results of the 1940 registration examinations has again been made and graphs illustrating these results were on display during the convention.

Mr. A. M. Shinbane, K. C., Dominion Prosecuting Counsel for Manitoba in narcotic matters, addressed a well attended luncheon meeting, choosing as his subject the illegal traffic in narcotic drugs. Two delightful violin selections were rendered by Miss Rose Zacek and Alderman Hilda Hesson brought greetings from the City Council.

Miss E. Mallory, in her presidential address, analyzed the reasons why hospital administrators fear a shortage of nurses and pointed out that actual figures obtained from the Nurses Directory show that there is no shortage of nurses for bedside nursing in Manitoba, but that there continues to be a shortage of nurses with special preparation, qualifications, and experience to fill higher level positions. That the Association should be prepared to make recommendations regarding the employment and activities of the subsidiary worker was also suggested, and that we must strive to make general duty nursing in hospitals more attractive and thus encourage more private duty nurses to enter this field.

The school of nursing advisor, in her progress report, told of the recommendation (made by the provincial committee on education) that the University be requested to establish provincial examinations for undergraduate students, thus assisting in standardizing the curriculum. Arrangements have now been completed for the implementing of this recommendation and the plan will become operative in June 1942. Three schools of nursing have instituted the eight-hour day for students during the past year, and student allowances have been discontinued in three schools. The money thus saved is to be used for the development of the school of nursing, and for providing instructors, teaching facilities and library. In schools which have not and cannot provide the necessary clinical experience, the board of directors of the Manitoba Association of Registered Nurses has advised the hospital boards of the necessity of meeting minimum requirements, otherwise the Association cannot continue to recommend to the University students from those schools for registration examinations.

The necessity of conducting a continuous education program for the public and of the need for more adequate financial support of the school of nursing was stressed. The inadequacy of supervision of all except the preliminary student was pointed out, and a plea was made for sufficient nursing personnel to enable students to obtain the necessary scientific instruction and sufficient time to practice and to give good nursing care. To illustrate how this objective could be achieved, the science and nursing arts teachers, under the convenership of Mrs. H. Copeland, demonstrated the preparation necessary for the student to give adequate nursing care to a pneumonia patient. A conference of the superintendent of nurses, teaching faculty, and head nurses was conducted prior to the demonstration. The science instructors then demonstrated the teaching of each of the required sciences, followed by a consideration of the nursing arts involved. The head nurse then took over by conducting a ward conference, teaching the student how to apply the sciences and art in the actual situation. Although it was necessary for each participant to contract her teaching considerably in order to shorten the demonstration, there were many present who felt that such a plan of co-operation and correlation was the ideal means to an end, and that when this plan of teaching in schools of nursing became general, there would be less fear of nurses not receiving proper preparation for nursing.

Mrs. R. F. McWilliams, at an evening session, in her own inimitable way, outlined clearly and concisely the Rowell Sirois report, pointing out the advantages its adoption would bring to Manitoba. The following morning was given over to unfinished business, followed by a presentation by Miss Peggy Hart of a synopsis of the survey of Canadian health conditions as contained in the Sirois report .Dr. E. S. James discussed the plastic cup for treatment of arthritis of joints. Mention was also made of the treatment for fracture of the neck of the femur by using the Smith Petersen pin and other nails of various shapes and designs, and it was interesting to learn that the nursing care of these patients has been greatly simplified as a result of this treatment.

A record number of nurses were present to hear Dr. O. S. Waugh speak on emergency care of head injuries. Dr. H. D. Morse outlined the treatment and care necessary for patients suffering from urological conditions. Miss Catherine

Crittenden, assistant supervisor, St. Boniface Hospital, ably discussed and demonstrated methods of nursing care for this type of patient.

A resolution was submitted by the resolutions committee that a committee be appointed to continue the effort to raise funds for the civilian nurses in Britain. Following the reports of the resolutions and nominating committee, the members dispersed to prepare for the banquet, when one hundred and eighty-seven nurses and guests gathered, and over which Miss Adella McKee, the newly elected president, presided. We were honoured by the presence of His Honour, the Lieutenant Governor and Mrs. McWilliams.

Mr. A. V. Piggott, principal of Machray School, gave an excellent address on the youth of today: "We need a building spirit and a community spirit to make this a better world to live in, and this can be obtained only by a system of education on a broader basis for our youth", said the speaker. Adding that he was ready to bet very long odds on youth and its capacity for productive creation he urged that energies, knowledge, and skill be put to work in a more scientific way. Miss Lois Kelly, social convener, and her committee have become famous for the unique preparation of the banquet and program. It is always novel and entertaining, and this year was no exception.

Fourteen schools of nursing had student representation throughout the Convention. The encouraging feature of this arrangement is that we find those student representatives of former years, faithfully attending and participating as graduates. Yes, we agree with Mr. Piggott — youth can be depended upon if given the proper guidance and encouragement.

Student nurse projects were exhibited. These consisted of home nursing improvisations prepared by a senior class, an ideal school of nursing library, and a ward library was prepared by junior students from another school. Hospital equipment and labour-saving devices were also exhibited. These in addition to commercial exhibits and an exhibit by the Department of Health, added much to the interest of the convention. Special mention must be made of *The Canadian Nurse* exhibit as prepared by the convener, Miss Helen Wilson, and her committee. Practical methods of utilizing material contained in the *Journal* were cleverly displayed. Not one branch of nursing was omitted and we expect good results from this means of stimulation.

The officers elected for the coming year are: President, Miss A. McKee; first vice-president, Miss E. McNally; second vice-president, Miss I. McDiarmid; honourary secretary, Mrs. H. Copeland; convener of hospital and school of nursing section, Miss D. Ditchfield; convener of public health section, Miss F. King; convener of general nursing section, Miss C. Bourgeault.

GERTRUDE M. HALL,
Executive Secretary.

A Message from Denmark

The President of the Canadian Nurses Association has received the following message from Miss Elizabeth With, President of the Danish Nurses Association: "We are well, and send you our very best wishes for Christmas and the New Year. May peace soon reign and may we all meet again." As may be imagined, this message came by a very circuitous route via Geneva and finally through the Quebec Branch of the Red Cross Society. A return message of cheer and goodwill is being sent by Miss Fairley.

The R.N.A.B.C. Annual Meeting

The Registered Nurses Association of British Columbia held its annual meeting in Vancouver, on April 25 and 26. The sessions were well attended by nurses from Vancouver and other parts of the Province, all branches of the profession being well represented. The convention opened with a business meeting of the different sections. Miss A. S. Cavers, as chairman of the Hospital and School of Nursing Section, and Mrs. Eva Hansom, as chairman of the General Nursing Section, reported keener interest in nursing affairs. Miss Florence Innes, as chairman of the Public Health Section, reported a continued expansion of public health work in British Columbia with new districts being established each year. Following a survey, it was found that eighty percent of all public health nurses in British Columbia hold public health certificates. The appointment of Miss Heather Kilpatrick last fall as supervisor of the Provincial Public Health Nursing Service, had been welcomed by all public health nurses in the province.

At the general session, the Rev. Cecil Owen gave the invocation, which was followed by an address by the president, Miss Margaret Duffield. The Registrar's report, given by Miss Helen Randal, showed that during the past year 370 nurses had obtained registration in British Columbia, 264 being registered by examination, all graduates of British Columbia hospitals, and 106 by reciprocity; 2800 nurses in all now being registered in British Columbia. The formation of many committees showed the expansion of the Association, which together with the extra work entailed by the war, has made the registrar's office a very busy place. Miss Randal's report also showed the objective of an eight-hour day, for all nurses in British Columbia, as becoming closer to an established fact.

As organizer of districts and chapters, Miss K. Sanderson pointed out that although this movement is still in its infancy there is great reason to believe that the project will continue to grow in momentum. Letters are being received from remote and nearby points enquiring about the formation of chapters. As the president pointed out, the advantages gained by the formation of chapters are to stimulate membership and interest in nursing affairs of the Provincial Association and unity among the members of the Association.

Mrs. H. J. C. Walker, as convener of the British Civilian Nurses Relief Fund, reported $3000. already having been sent, with donations coming in daily from all parts of the province. Miss Mary Henderson outlined the work undertaken by the legislative committee in the proposed revision of the Registered Nurses' Act. Copies of the proposed outstanding changes were available and the suggestion given that they be studied individually, and any suggestions or criticisms would be welcomed by the committee. In the fall, a general meeting of the Association will be held to discuss the revision thoroughly.

A report on discussion groups was given by Miss Margaret Kerr, followed by a panel discussion with Miss Kerr as chairman. These discussion groups were organized to enable small groups of nurses to meet at intervals to discuss problems pertaining to their profession. Although a great deal of time and work is involved the members of the Association unanimously expressed the desire for them to be continued for another year as they have proved to be so helpful.

Reports on the stimulation and help derived from attending the biennial meeting of the Canadian Nurses Association were given by Miss H. MacInnes, of the Royal Inland Hospital, Kamloops, Miss Eidt, of the Nelson General Hospital, and Miss Eleanor Graham, of the Duncan Health Centre, Vancouver Island.

Stabilizing nursing service to meet present day demands was given major importance. Demand for civilian positions and army service, supply to schools of nursing and for hospital staff, for post-graduate courses and study, and for registration and the necessity for and maintenance of standards, were all subjects enlarged on by different members, and a review of important points, followed by a discussion from the floor, proved to be interesting and helpful.

The following officers were declared elected: president, Miss Margaret Duffield; first vice-president, Miss Margaret Kerr; second vice-president, Miss Grace M. Fairley; secretary, Miss Pauline Capelle; chairman of Hospital and School of Nursing Committee, Miss Frances McQuarrie; chairman of Public Health Nursing Committee, Miss Florence Innes; chairman of General Nursing Committee, Mrs. Eva Hansom; councillors: Miss Elizabeth Clark, Miss Lyle Creelman, Sister Columkille, Sister Mary Gregory, Miss Florence Walker.

The sessions closed with a tea given in honour of Miss Helen Randal, Registrar of the Association, who is retiring this year after twenty-nine years of service to the Association. A presentation was made to her by Miss Grace M. Fairley on behalf of the Association, expressing regret at Miss Randal's resignation, and in appreciation of her untiring efforts throughout the years of her service to maintain and improve the standard of nursing in British Columbia.

Districts and Chapters Come to Stay

Kathleen I. Sanderson

"As long as you remain separate you will be undone," said Aesop the Fabler in the seventh century. We in British Columbia are scattered over 372,630 square miles in this most westerly province in the Dominion where great highways lead into lesser ways, lakes and rivers and trails guiding the traveller by varied means — car, rail, boat, horseback, dog team, plane, from the busy crowded communities to outposts where registered nurses are to be found serving in hospitals and public health centres.

Those of us who have always lived in towns and cities cannot fully realize the far-away detached feeling of our fellow nurses whose years are spent promoting and preserving the health of men and women and little children, in every far-flung corner of Canada. Our Association knew full well that through its many committees much valuable work was being accomplished. It also knew that a large number of our members were not receiving the benefits of this work, and how can any legally united membership do aught else but remain separate in thought and action if uninformed?

A plan, tried and proven to be successful in other provinces, was studied and seemed to be the answer to British Columbia's problem too. So a committee on districts and chapters was set up, with provincial-wide representation. On the very sound foundation worked out by this committee, organization is developing and progress has been continuous. The plan is meeting with enthusiastic response. Of the ten proposed districts, two are already organized, Vancouver Island with seven chapters, and West Kootenay with at present three. As a result of creating an associate membership for nurses who are graduates of accredited schools and eligible for registration but are not active, many more married nurses are taking a keen interest in activities and are contributing most acceptably to the life and advancement of chapters and districts, all of which are, according to the Act, governed by registered nurses.

A Council Bulletin, recording briefly the highlights of Executive meetings, is sent each month to district secretaries, who in turn send a copy to each chapter within her district. This is a quick and simple way of keeping members informed on the vast amount of "business for better nursing" handled by the executive. There is definite indication of stirring interest in affairs medical and nursing now that there is in sight an established means of inter-communication which will continue to bring nurses nearer to each other.

The social side of an organizer's life is really an enviable one, for who doesn't enjoy making new friends and accepting their hospitality; visiting new towns and cities which have grown up because of mining, farming, fishing, timber limits, to mention only a few of British Columbia's resources. Even trying out new roads sometimes goes beyond the limits of one's expectation, but is worth the venture. Yes, Districts and Chapters have come to stay in British Columbia.

Nursing Service, R.C.A.M.C.

Miss Blanche Gertrude Herman has been named Matron of No. 14 General Hospital, Royal Canadian Army Medical Corps. Selected at the same time were 19 Nursing Sisters of the 80 who will finally be named.

Miss Herman, who was born and educated in Nova Scotia, is a graduate of the School of Nursing of the Montreal General Hospital and of the McGill School for Graduate Nurses. In 1933 she became Supervisor of Nurses in the Western Division of the Montreal General Hospital, an administrative position which she has filled with conspicuous success. She has always taken an active share in the work of nursing organizations, and has served on the executive committee of her own Alumnae Association. For three years she rendered outstanding service to the McGill School for Graduate Nurses in the capacity of president of its Alumnae Association. Miss Herman is a woman of many interests and is a member of the Art Association of Montreal, the Maritime Women's Club, and the Business and Professional Women's Club. She is admirably qualified for her new and important task, and will find in it full scope for her exceptional capacity as an administrator.

Obituaries

The death occurred recently in Toronto of **Edith Draper**, the first superintendent of nurses in the Royal Victoria Hospital in Montreal. When the new hospital was formally opened in December 1893 by the Earl and Countess of Aberdeen Miss Draper had already assembled a staff of 41 graduate nurses in readiness for the admission of patients in January, 1894. She immediately proceeded to organize the school of nursing and a two-year course was instituted almost at once. At the time of her appointment Miss Draper, who was a graduate of the School of Nursing of Bellevue Hospital, New York, occupied the position of superintendent of nurses in the Illinois Training School in Chicago. She had thus acquired a rich experience in both teaching and administration which proved most beneficial to the new enterprise.

Miss Draper was the first honourary president of the R.V.H. Alumnae Association, organized in 1896 by the first graduates of the School. It was in the same year that she resigned her position as superintendent of nurses and retired from active nursing and made her home in Toronto. A few years ago Miss Draper was present at a tea held in her honour in the School of Nursing of the R.V.H., an occasion which was marked by the presentation to the School of an excellent photograph of its first superintendent.

Mrs. Amy Faucitt (*née Ireland*) died recently in Brockville, Ontario. Mrs. Faucitt was a graduate of the Brockville General Hospital, and a member of the Class of 1905.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Dorothea MacDermot, a graduate of the Montreal Maternity Hospital, and of the School for Graduate Nurses, McGill University, has been appointed nurse-in-charge of the Burnaby Branch.

Miss May Jeanne Sterne, a graduate of the Brantford General Hospital, has been appointed temporarily to the Hamilton staff.

Miss Lucille McAllister has been transferred from the Burnaby Branch to take charge of the Branch in Westbank.

Miss Lillian MacKenzie has been transferred from the Montreal Branch to the staff of the Winnipeg Branch.

Mrs. Ruth Villeneuve has been transferred from the Montreal Branch to the staff of the Cornwall Branch.

Miss Marion O'Neill has been transferred from the Hamilton Branch to the staff of the Peterborough Branch.

Miss Jeanne LeBrosse has been transferred from the Peterborough Branch to the staff of the Sherbrooke Branch.

An exchange has been made with *Miss Isabel Norton* of the Ottawa Branch, and *Miss Fredrica Johanneson* of the Timmins Branch.

Miss Elsie Dakai has resigned from the staff of the Dartmouth Branch to accept another position.

Mrs. Catherine Debeau, who was temporarily employed on the Peterborough staff, has resigned.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Some Pertinent Facts

MARGARET E. KERR

Chairman

Public Health Section, Canadian Nurses Association

Today a question is being raised in various branches of nursing as to whether or not the supply of nurses is sufficient to meet the demand for them. In public health nursing, this problem is not new. There has never been a time when the number of fully-qualified workers available for employment exceeded by any appreciable margin the number of positions available. In making a study of this situation, the Executive of the Public Health Section of the Canadian Nurses Association developed two questionnaires, one to study the number of nurses being graduated from our Canadian Universities each year with a public health certificate, and the other to discover the number of nurses being absorbed annually into existing public health services.

Replies to the first questionnaire have been summarized into composite tables which show many interesting things. There are six universities in Canada providing post-graduate experience and training. Each has set a tentative limitation on the number of students to be enrolled in any one year, as follows:

University of Alberta	25
University of British Columbia	25
McGill University	20
University of Montreal	20
University of Toronto	65
University of Western Ontario	20

Enrolment is available, therefore, for 175 students each year. As will be noted from Table One, 149 is the maximum number reached in any one year.

The factors that determine the limits that will be set are similar in all cases — the field work facilities available and the opportunities for adequate supervision. An interesting comment came from one University under the heading of the limiting factors: "There is need for more public health nurses, but there is also need for education of the employer". How great this need is will be demonstrated when the results of the second questionnaire are summarized.

Table One indicates the province or country from which the nurses came to attend the various courses.

TABLE ONE

Year	Alta.	B.C.	Man.	N.B.	N.S.	Ont.	P.E.I.	Que.	Sask.	U.S.A.	Other	Total
1936	4	20	2	0	3	57	1	19	3	1	3	113
1937	7	16	4	2	4	48	1	19	0	0	8	109
1938	10	26	5	1	6	52	0	16	1	1	5	123
1939	16	18	2	2	5	64	1	25	7	0	5	145
1940	8	18	4	6	3	65	1	30	8	1	5	149
Total	45	98	17	11	21	286	4	109	19	3	26	639

Over this period of five years, the enrollees came from:

Alberta	7.04%
British Columbia	15.33%
Manitoba	2.66%
New Brunswick	1.72%
Nova Scotia	3.28%
Ontario	44.75%
Prince Edward Island	.62%
Quebec	17.05%
Saskatchewan	2.97%
United States	.46%
Other	4.07%

Table Two shows the distribution of these fully-qualified public health nurses to their initial appointments.

The percentages show even more clearly where these nurses received their first positions following completion of their courses:

Alberta	4.47%
British Columbia	16.61%
Manitoba	2.56%
New Brunswick	1.11%
Nova Scotia	3.67%
Ontario	41.21%
Prince Edward Island	.00%
Quebec	17.09%
Saskatchewan	1.11%
United States	1.59%
Other	10.54%

Incidentally, "other" in this case apparently includes that unknown land of matrimony.

Comparing the two tables, one is immediately struck by the predominance of three provinces, both as to the number of nurses entering public health nursing and receiving their initial appointments. The close approximation of British Columbia, with its relatively small population, to Quebec, with its thousands of inhabitants, is a tribute to those who have been instrumental in developing and maintaining the public health nursing services in the western province. From the study made last year, it was learned

TABLE TWO

Year	Alta.	B.C.	Man.	N.B.	N.S.	Ont.	P.E.I.	Que.	Sask.	U.S.A.	Other	Total
1936	2	20	2	1	6	53	0	17	0	1	9	111
1937	3	18	3	0	3	46	0	19	0	2	14	108
1938	6	23	4	2	5	35	0	16	2	4	11	108
1939	12	23	3	1	6	61	0	30	1	0	11	148
1940	5	20	4	3	3	63	0	25	4	3	21	151
Total	28	104	16	7	23	258	0	107	7	10	66	626

that British Columbia is listed among those provinces where permanent appointments are made only to nurses possessing a university certificate in public health nursing.

Of the nurses enrolling for university work over the five-year period, it was found that 150, or 23.47%, had had previous experience in some branch of public health nursing. There doubtless are many others who will be enabled to avail themselves of this opportunity for post-graduate study through the new development of loans and bursaries now available under the auspices of the Canadian Nurses Association. Public health nursing executives in the provincial associations are strongly urged to interest their section members in the possibilities of this plan.

One of the problems confronting public health nursing today is how young graduates may be interested in securing their University training when there seem to be so many opportunities for work available for them, both in military and civilian life. So that the present standards may not have to be lowered, every public health nurse in Canada must assume her share of the responsibility for securing new recruits. The public health program of the promotion of health and the prevention of disease among the children and youth of our land is more important today than ever before in our history.

A Notable Bequest

Now that the demands for military service are making inroads in the nursing staff of many hospitals, opportunities for post-graduate study take on added importance. At this critical juncture it is most encouraging to learn that a bequest has recently been made which will enable a well known school of nursing to offer material assistance to those of its graduates who seek to qualify themselves for positions of responsibility. A bequest of ten thousand dollars has been made by the late Emma Thomas to the Royal Victoria Hospital, Montreal. This fund is to be used to found a scholarship, named after the founder, the revenue from which is to be applied at the discretion of the Governors.

Such a bequest is worthy of note, not only on account of the recognition of the value of post-graduate study for nurses, but also because of the tribute paid to the graduates of the School of Nursing of the R.V.H. For more than twenty years, Miss Thomas was closely and continuously associated with those graduates of the School who gave skilled and devoted care to a member of her household. Having herself thus been able to observe the benefits of expert nursing, Miss Thomas wished to make it more readily available to others and, in creating this scholarship, she has taken effective measures to do so.

Although generous gifts have frequently been made by grateful patients to hospitals, it is relatively rare that the work of individual nurses reaps so rich a reward for the profession at large. We owe a debt of gratitude to the R.V.H. nurses whose excellent work prompted Miss Thomas to provide a fund whereby their fellow graduates may profit.

The Royal College of Nursing

A Division of Nursing at the Ministry of Health: It was a great satisfaction to the Council of the Royal College of Nursing to realize that one of their most important objectives, a Division of Nursing at the Ministry of Health, was about to be realized. The Council met on the day of the debate in the House on the registration of women for war service and the secretary of the College, who attended the debate in the morning, reported how well the women members of Parliament had championed the nurses' cause. Miss Irene Ward, with whom the College had been constantly in touch on this matter, had put the case for a Division of Nursing with special conviction. Such a division, she had explained, staffed and organized by experienced nurses, was an absolute necessity if our national nursing problems were to be adequately handled. Miss Ward had also made a special plea for members of the Nursing Reserves who, at present, had to meet both their own and the employer's contributions to their superannuation schemes.

National Registration — Some Untoward Effects: As soon as Mr. Bevin announced his intention to register women for national service the Royal College had asked for an interview to discuss with him the effect such a measure was likely to have on the supply of candidates for nurse training. Evidence from College members, sections and branches had revealed a great shortage of student nurses owing to the already intensive propaganda to join the uniformed services, to work in munition factories, and to enter other sections of national defence. The propaganda had even taken toll of the nursing auxiliary service. The College had, therefore, urged that recruitment for nursing should at least have equal prominence with that for other forms of labour.

Council members reported that the news that women would have to register had already led to misunderstandings, especially among hospital domestic staffs who were leaving in large numbers to join the A.T.S., W.A.A.F.S., W.R.N.S., and other organizations, under the impression that they could thus avoid conscription for work which was distasteful to them. Such impressions were erroneous for, as was pointed out in the House, the nursing and public health services, including those who worked in an auxiliary capacity, ranked as service of the first national importance. Mr. Ralph Assheton, parliamentary secretary to the Ministry of Labour and National Service, had made this clear in the course of the debate. He explained that all women in the relevant age groups would have to register, with the exception of those in the women's services and nursing services attached to the armed forces, but that no question of their leaving such essential work for any other war occupation was involved. With the promise of a Division of Nursing at the Ministry, however, the Royal College is assured that the claims of the nursing and hospital services will receive proper attention.

Royal Encouragement: In anticipation of its silver jubilee the College has received a letter of congratulation, encouragement, and good wishes from its Royal Patron, H. M. Queen Mary. A letter was received from the Lady-in-Waiting to H. M. Queen Elizabeth, who is entrusting the College with the administration of the sum of £7,500, which she had recently received from the Maharajah of Darbbanga in memory of his wife. The South African Trained

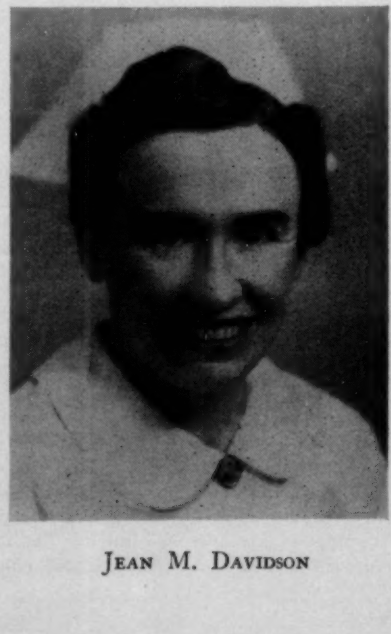
Nurses Association have sent a further donation towards their Fund, which now totals over £1,500. Other contributions include a further $400 from the Canadian Nurses Association.

A Federation of all Trained Nurses: The Royal College has for long debated the advisability of extending affiliation to professional associations of those nurses on the supplementary registers. The benefits of such a step would be twofold. First, the College could truly claim to represent all trained nurses; and, second, the nurses on the supplementary registers would enjoy the privilege of affiliation to a really powerful organization which could take action on their behalf; they would also have the use of certain portions of College headquarters, access to the educational, professional, advisory, and information departments of the College, and to the library of nursing, and would participate in branch activities on special terms. The proposal is tabled for discussion by the branches.

Membership and Training: Membership of the College, which is now well over the 30,000 mark, continues to mount. Educational courses have been well attended, 41 trained nurses taking the second course for those working in shelters and rest centres. There will be a modified course for members of the Red Cross and St. John Ambulance engaged on this work. The Director in the Education Department reported on her recent visit to Scotland, where it is hoped to establish an industrial nursing course in collaboration with Glasgow University.

An Interesting Appointment

At the beginning of August **Jean M. Davidson** will begin her duties as superintendent of nurses in the Children's Hospital of Winnipeg. In the interval Miss Davidson, who recently received a bursary from the Canadian Nurses Association, will undertake graduate study in the department of nursing education of the University of Chicago. For the last three years Miss Davidson has served as instructor in the School of Nursing of the Royal Alexandra Hospital, Edmonton, of which institution she is herself a graduate. She holds the degree of B. S. (Nursing Education) from Teachers College, Columbia University, and has had valuable experience in the public health nursing field in Alberta. She has always been actively interested in the work of nursing organizations and has served as secretary of the Edmonton Association of Graduate Nurses, and as



Jean M. Davidson

chairman of the nursing education section of the A.A.R.N.

Miss Davidson is a member of the Women's University Club and has many interests. She keenly enjoys outdoor life and is an experienced mountaineer. Although she will miss her beloved foothills, her friends are sure that she will be equally happy and successful in her new work in the city of the prairie.

Book Reviews

Anatomy and Physiology Laboratory Guide, by Edmond J. Farris, executive director, associate in anatomy, The Wistar Institute of Anatomy and Biology. Third edition, revised. 144 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price, $2.00.

With the appearance of this book, many instructors of anatomy and physiology, in schools of nursing, who have tried in vain to incorporate more laboratory work in their courses will take fresh heart. It might have been written primarily for the teacher who has had only limited experience in laboratory techniques. The apparatus required is listed and illustrated and the purpose of each article is stated briefly and clearly. Information on laboratory material, how to obtain specimens, and the solutions used in their preparation and preservation is included.

The text itself is divided into five units. Beginning with the body as an integrated whole in Unit One, it follows in logical order with the erect and moving body; the integration and control of the body by the nervous system; maintaining body metabolism; and lastly the reproductive system. Each unit deals first with anatomy and then with physiology; laboratory assignments follow. The directions for these assignments are easily followed. In each instance the student is guided in her observations, but encouraged to draw her own conclusions. Wherever possible, students use each other as subjects for their experiments. This is particularly true in their observations of the muscular and nervous systems. Even in the "quizzes" suggested, active participation by the student is emphasized. Demonstration experiments by the teacher are advised where equipment is limited. Every instructor of Anatomy and Physiology will find this Laboratory Guide of great help. As a book for the student's own collection it is recommended only if a definite number of hours of laboratory work is a recognized part of the course.

CATHERINE L. ANDERSON,

Instructor of Anatomy and Physiology, Montreal General Hospital.

God's Good Tide, by Charlotte Whitton. Published by the Ryerson Press, Toronto.

In the twenty pages of a brief pamphlet, Miss Whitton has caught and held the memory of an indomitable woman whose life span covered the span of eighty years from 1838 to 1918. Matilda Carr Whitton was born in the county of Norfolk in England and in later years told her Canadian grandchild much about the glory of English history. It is heartening to read this forthright courageous story told by a woman who was persuaded that "God's good tide doth little reck man's power and pride." Copies of the pamphlet may be obtained from the publishers whose profits (as well as the author's royalties) are to be contributed to the I.O.D.E. for war services.

STUDENT NURSES PAGE

Our War Effort

DAISY WHITEHEAD *and* S. CAROLYN HENDERSON
Student Nurses
School of Nursing, Saint John General Hospital, N.B.

Last November we began our war effort. With societies and institutions everywhere actively interested in all kinds of endeavour, we felt that we, too, must do something to share in the great national sacrifice. At our Student Council meeting it was unanimously agreed that war saving stamps were to be available for purchase in the School, and that each student should buy one or more each month. The junior class began a competition, and they have bought half the stamps sold in the School to date. They divided their class into four groups, the contest being to see which group could buy the most stamps at the end of a given time. The results will be compared and the winning group is to be treated to dinner at an uptown restaurant by the other three groups. The rest of the School is watching the game with interest. We all have little to spend, and the juniors have made their enterprise a contest of petty sacrifice, every self-denial of theirs making our war effort the greater.

Our School owns two dolls, dressed as nurses, one as a graduate, the other as a student. It was resolved at a student council meeting to have drawings for these, and to give the money for war work. The little nurses were very attractive and looked as professional as dolls can. The graduate was the favorite of persons outside the School so we sold her tickets first earning for our cause $123.75, which was given to the Salvation Army. The student, however, was especially appealing to us because she was dressed in the uniform of the School, and it was agreed that only the students should compete for her. This, too, was a success. Tickets sold easily, and we earned $25 which we gave to the Queen's Canadian Fund. We like to think that a Canadian soldier somewhere in England benefits a little by our effort here.

Our effort, however, has not only been a financial endeavour, but a social one as well. We entertained the officers and men of one of the largest British battleships, at a dance in the Nurses' Residence. The sailors greatly enjoyed the evening, but not any more than the nurses did. The captain invited us to the ship the following afternoon which made us realize how much they appreciated our gesture. The ship sailed a few days later.

These are ways in which our School has tried to do its bit. Although small, this enterprise gives a feeling of great satisfaction that comes with performing a self-appointed task — "Each to the cause gave all he had to give."

He Lived to Tell the Tale!

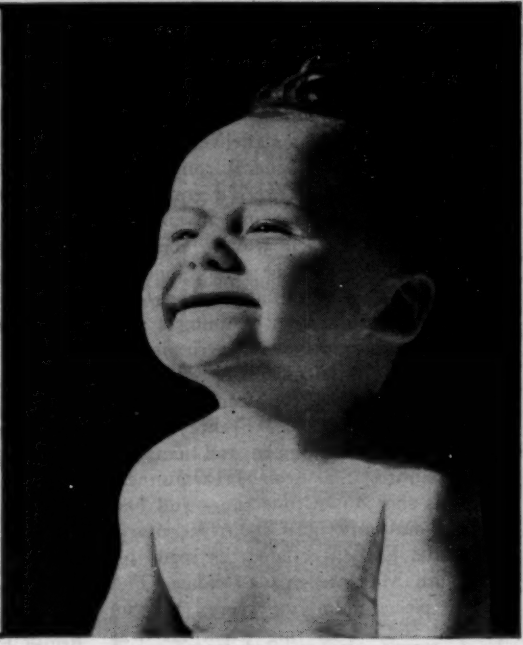
I expect you would be interested to hear some details of the shipwreck. It happened a long way out in the Atlantic. We were the largest ship in the convoy and, therefore, the obvious target. A lone bomber attacked us (he *must* have had previous information!), swooped down over the masts and made a direct hit with two bombs. One went clear through the afterhold, setting fire to our cargo of palm-kernels, and the other tore an enormous hole in the side of the ship just on the water line. About twenty people were killed by the explosion and numbers seriously wounded. The ship, of course, caught fire and finally broke in two, sinking in about one and a half hours. There was no time to do anything except save one's most precious papers and help some of the wounded. I was in the last boat off and we got half-swamped as one of the ropes stuck and she plunged into the water nose first. We picked up three or four swimmers and then had to beat a hasty retreat as the ship took a sudden severe list and we feared she would sink then and there and drag us down with her.

We rowed about for an hour or so (the convoy had meanwhile dispersed) and then made for a small tramp ship which was detailed to pick up survivors. It was a rough day with a very heavy swell running. Impossible to lower ropes or rope ladders and grave danger of being stove in against the side of the rescue ship. We had one three-year-old child in our boat and six women. I wound the baby up in a coat and got the men on the ship to lower a canvass bucket affair into which we tied her. Then at the right moment they hoisted her up. There was such a heavy swell that the sea was washing right over the after deckwell of the steamer and the only way for the rest of us to get on board was to wait until the swell brought our lifeboat level (or nearly so) with the deck of the ship, and then make a dive on board, assisted by willing hands from the ship's rails. I landed on deck on my head but was thankful to be there, and everyone got safely on board. The crew were simply grand to us and turned out everything. We undressed in the engine room and dried our clothes by the furnace on a string. Unfortunately the ship had been at sea for three months and had completely run out of all alcoholic drinks and cigarettes! And, worst of all, there was no doctor for our wounded, two or three of whom were in a pretty desperate condition. I helped with what little knowledge I had and managed to stop one internal hemorrhage by putting a pad on the correct pressure point.

Shortly after getting aboard, we saw our own ship go down. The captain stayed on the bridge until just before she sank and then jumped. Luckily he was picked up by a destroyer. There was no panic at any time and everyone behaved splendidly. After three days we were landed at a Scottish port, a very bedraggled party, but thankful to be on shore. The people in the hotel turned out all their belongings and we had hot baths and real beds that night. There had been no bunks on the tramp ship except for the women.

I had been in charge of a party of eleven Poles (refugees) coming from West Africa, and eight of them had been picked up by the same ship; so, on arrival in Scotland, I was able to look after them, take the wounded ones to hospital to be bandaged, secure clothes for others and get a little money for all of them from the Shipwrecked Mariners

Many Leading Hospitals use Z.B.T. Powder with Olive Oil!



Z.B.T.
BABY POWDER
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Association. Eventually I took them all by train to London and delivered them to the Polish Consul General from whom I got a receipt. They were a grand lot, had had the most amazing adventures, and were all on their way to continue the fight. I grew to be really fond of them and was sorry to say goodbye. One boy of sixteen had been manning a machine gun behind street barricades in Warsaw when the Germans entered—he was then fifteen. He escaped through Yugoslavia and Italy to France, where he gave his age as eighteen, and managed to join a Polish Squadron as rear gunner. He was shot down four times and had to bail out once over enemy territory. After the French collapse, he made his way into Morocco to Casablanca. The police picked him up there, but he escaped from a moving train. He was eventually helped by an Englishman in Casablanca who hid him in a cellar for ten days and got him on a ship bound for Dakar. From there he walked to Bathurst and then took a ship to Freetown where he joined our steamer. He is now going to join a Polish squadron in England—and, of course, had the shipwreck thrown in! They all had had similar adventures. Such courage and endurance deserves victory. I hope they get it. Some of their stories of happenings in Poland under the Germans were too horrible to repeat.

In regard to the war, I think the tide is just beginning to change and I also think that in the next few months there will be remarkable and favourable changes in the African situation.

Editor's Note: Through the courtesy of Miss Olive M. Ings, the *Journal* is privileged to publish extracts from a personal letter written by a liaison officer with the British Expeditionary Force. After his return from Dunkirk he was sent to Africa and on his return voyage suffered the shipwreck he so vividly describes. In the last war, the officer served as a pilot in the Royal Air Force.

A Victory for the A.A.R.N.

As noted in the official report of the annual meeting of the Alberta Association of Registered Nurses, that up-and-coming Association has recently piloted a brand new Act through the Legislature. We are indebted to Mrs. A. E. Vango for a preview of its provisions, and for passing on an irreverent comment by the irrepressible columnist of *The Bulletin*. Mrs. Vango explains that "we had quite an anxious time when the Act was before the legislature, and several afternoons were spent sitting in the Speaker's Gallery waiting for it to come up before the House. A ***Bulletin*** reporter noticed us having refreshment at the tea hour with our sponsor, Mr. Fred Anderson, M.L.A., and so we got into his daily column "From the Gallery", as shown in the enclosed cutting:"

> Calgary's Social Credit Fred Anderson is being called the nurses' member at large. He's fostering their legislation and reportedly requires many conferences for the purpose. Edmonton's D. M. Duggan suggested that Mr. Anderson should explain the nurses' bill since Mr. Anderson was more familiar with the nurses and their point of view. Mr. Anderson claimed Mr. Duggan had been interviewing five of the nurses at tea, and should have got his own information. Mr. Maynard appeared to object to this information being restricted. He suggested that Mr. Anderson should arrange some more tea interviews for the rest of the members.

Refresher Course in Ottawa

The Hospital and School of Nursing Section, District 8, R.N.A.O., is planning a refresher course for registered nurses who are interested in clinical teaching. This course will be held in Ottawa, at the Ottawa Civic Hospital and the Ottawa General Hospital from June 25 to 27, inclusive. Miss Marion Lindeburgh, director of the School for Graduate Nurses, McGill University, has consented to conduct this course.

The course will include lectures and demonstrations on the Supplement to the Proposed Curriculum for Schools of Nursing. The fee will be $2.00. Further information may be obtained by writing to Miss Effie McIlraith, School of Nursing, Ottawa Civic Hospital.

Institute in Halifax

The Registered Nurses Association of Nova Scotia is sponsoring an Institute to be held in Halifax on June 9, 10, and 11 inclusive. The subject will be "Better Nurses — Better Nursing". The Institute will be directed by Miss Marion Lindeburgh, M.A., Director of the School for Graduate Nurses, McGill University, Montreal. Further information may be obtained from Miss Jean C. Dunning, Registrar, Registered Nurses Association of Nova Scotia.

A Message from Overseas

We consider it a duty and a privilege to send complimentary copies of the *Journal* to all Canadian Military Hospital Units serving overseas. It was, therefore, a great pleasure to receive the following letter from Matron Dorothy I. MacRae, now serving with No. 1 Canadian General Hospital in England:

We are so delighted to receive *The Canadian Nurse* over here and wish to thank you for the very generous gesture on your part. We are, one and all, reading it from cover

McGILL UNIVERSITY

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The following one-year certificate courses are offered to graduate nurses:

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McGill University, Montreal.

ROYAL VICTORIA HOSPITAL
Montreal
SCHOOL OF NURSING
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2. The following post graduate courses in obstetrical nursing and in gynaecological nursing are offered: Course A — a three-months course in obstetrical nursing; Course B — a two-months course in gynaecological nursing. Applicants may enroll for either or both courses. Maintenance and an allowance are provided. For further information apply to Miss C. V. Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal.

A certificate is granted on the successful completion of any of the above courses.

WANTED

Applications are invited for the position of **Instructor of Nursing** in a 125-bed Hospital in the Maritimes. Duties are to begin on September 1. Age, qualifications, experience, and references should be stated, and all applications should be addressed in care of:

Box 8, The Canadian Nurse, 1411 Crescent Street, Montreal, P.Q.

WANTED

Applications are invited from qualified registered nurses for the position of **Night Supervisor** with full charge, in a 125-bed fully-modern Western Hospital. Apply, with full particulars as to qualifications and expected salary, to:

Superintendent of Nurses, Galt Hospital, Lethbridge, Alta.

WANTED

Applications are invited from qualified, experienced nurses for a position in an operating-room in a 50-bed Hospital. Applicants with surgical training, and those who have had post-graduate work will be preferred. Duties are to commence as soon as possible. Apply, stating experience, age, religion, references, and salary expected, to:

The Cottage Hospital, Pembroke, Ontario.

WANTED

Applications are invited for the position of **Instructor of Nurses** in a 100-bed Hospital. Duties are to commence on August 15. Address all applications to:

Lady Superintendent, General Hospital, Dauphin, Manitoba.

WANTED

Applications are invited for the position of **Assistant Director of Nursing and Practical Instructor** in a 250-bed Hospital in Eastern Canada. It is desirable that applicants have had a post-graduate course in Teaching and Supervision in Schools of Nursing. Please state age, religion, full qualifications, references, experience, and desired salary. Duties are to commence about mid-August. Applications are to be addressed in care of:

Box 9, The Canadian Nurse, 1411 Crescent Street, Montreal, P. Q.

WANTED

Applications are invited from registered nurses for the position of **Superintendent** in a 60-bed Hospital, staffed by graduate nurses. State full qualifications, religion, age, and experience. Apply to:

F. M. Blois, Colchester County Hospital Trust, Truro, Nova Scotia.

to cover. As you know only too well, many of us are not active subscribers, as we have come from hospitals where *The Canadian Nurse* was in the library for our convenience, or so we thought. I am quite sure when we return we shall not forget our pleasure in receiving it here, our only Canadian magazine, and shall continue to enjoy it and look forward to it, thereby really showing our true appreciation.

We are quite well settled now and patients are coming and going. So far, we have only had nine huts operating, and our highest daily average about three hundred.

Ontario Public Health Service

The Otis Fensom Elevator Company of Hamilton recently appointed *Miss Sarah A. Wallace* (Hamilton General Hospital, and University of Western Ontario, 1937) as their industrial nurse. Miss Wallace has been on the nursing staff of the Hamilton Department of Health for two years.

A Tribute to Mother Mailloux

A remarkable tribute was paid recently to the beloved memory of the Reverend Mother Mailloux, founder of the School of Nursing of the Hôpital Notre Dame in Montreal. Two hundred and fifty graduates of the School assembled to participate in the unveiling of her portrait, presented by the student nurses who finished their courses in 1939, 1940, and 1941. Mlle Fernande Côté, chairman of the organizing committee, delivered an eloquent address in which she reviewed the inspiring career of Mother Mailloux, and referred to the intellectual and moral qualities which characterized this Canadian pioneer in nursing education. In recognition of her valuable contribution to nursing education and service, the Association of Registered Nurses of the Province of Quebec had recommended to the Canadian Nurses Association that the Snively Medal should be awarded to Mother Mailloux. Unfortunately, her death occurred before this well deserved honour could be conferred upon her.

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NEWS NOTES

ALBERTA

CALGARY:

Calgary General Hospital:

The Alumnae Association of the Calgary General Hospital recently entertained at a banquet in honour of the class of 1941, with 256 guests present. Mrs. T. L. O'Keefe, president of the Alumnae Association, was in the chair, and welcomed the guests. Mrs. O'Keefe stated that during the past year the Alumnae Association had sent $300 to the Lord Mayor's fund in London. The gathering was entertained with musical selections. Miss Gladys MacPherson was chairman of the entertainment committee. Miss H. M. Clark, president of the 1941 class, was awarded a surgical case as a prize for surgical technique.

The following officers have been elected to serve during the coming year: President, Mrs. T. L. O'Keefe; first vice-president, Mrs. A. E. Warrington; second vice-president, Mrs. H. Buckmaster; treasurer, Mrs. C. Parks; corresponding secretary, Mrs. F. Wotherspoon; recording secretary, Mrs. A. McIntyre; press, Mrs. D. O. Macko; membership, Mrs. E. Donnison; conveners: Mrs. J. Emerson, Mrs. G. McPherson, Mrs. T. A. Ellis, Mrs. B. Woodworth; additional members: Miss C. Rose, Miss Von Gruenigen, Miss Cannon.

Miss Lillian Kautz has recently joined the nursing service of the R.C.A.M.C.

BRITISH COLUMBIA

NEW WESTMINSTER:

The Royal Columbian Hospital recently held the graduating exercises of the School of Nursing, with 36 nurses receiving their diplomas. This is the largest graduating class in the history of the training school. The Queen's Park arena, where the exercises were held, presented a colorful scene as a large attendance witnessed the ceremony. Dr. L. S. Chipperfield, president of the Fraser Valley Medical Association, announced the winners of special awards. The report of the training school was given by the superintendent of nurses, Miss Elizabeth Clark. Rev. E. L. Church, of Vancouver, and Miss Helen Randal, former registrar of the R.N.A.B.C., were the guest speakers.

MANITOBA

BRANDON:

A largely attended meeting of the Brandon Graduate Nurses Association took place recently, with Mrs. D. L. Johnson presiding. Following the reports of the different sections Miss E. Manns presented a brief, on behalf of the private duty nurses. This brief constituted an appeal to have private duty nursing standardized regarding hours and fees as set forth by the M. A. R. N. A full discussion was given and the revision agreed upon. Miss E. McNally reported on the refresher course and outlined the work being done. The city has been zoned into 10 emergency nursing divisions to be used in case of epidemics. A convener was appointed for each zone and a school is to be used as a depot.

The married ladies section reported that a committee had been appointed to make a survey of the needs of the hospital and to try to meet those which appeared to be most urgent. Mrs. H. McKenzie and Miss M. Trotter reported that much work was being done in aid of the Red Cross Society.

WINNIPEG:

Winnipeg General Hospital:

Miss Evelyn Mallory (W.G.H., 1925), formerly superintendent of nurses at the Children's Hospital, Winnipeg, has been appointed registrar and inspector of training schools for nursing of the Registered Nurses Association of British Columbia. We know that Manitoba's loss will be British Columbia's gain.

Miss Ethel Elder (W.G.H., 1935), formerly on the staff of the obstetrical ward of the W.G.H., has joined the nursing service of the R.C.A.F.

The Alumnae Association of the Winnipeg General Hospital recently entertained the graduating class of 1941 at a delightful dance.

NEW BRUNSWICK

ST. STEPHEN:

The local chapter of the N.B.A.R.N. held their regular meeting recently with Miss Mabel McMullen presiding. Routine business was dealt with, following which a delightful musical program was given by a group from Woodland, Maine. A delightful social hour followed.

Miss Gertrude McCulloch (K.G.H.) recently resigned her position as obstetrical supervisor, and has left to take a supervisory position on the staff of the Kingston General Hospital. Prior to her departure, she was the guest of the staff nurses of the Chipman Memorial Hospital at a dinner party when she was presented with a water colour painting, and best wishes for a successful and happy future.

Miss Helen Graham, of the Hamilton General Hospital, Ontario, has joined the staff of the Chipman Memorial Hospital as obstetrical supervisor.

NOVA SCOTIA

KENTVILLE:

The regular meeting of the Valley Branch, R.N.A.N.S., was held recently at the Blanchard Fraser Memorial Hospital. The president, Miss Richardson, was in the chair. Dr. T. A. Kirkpatrick gave an interesting talk and demonstration on the "Both" cabinet respirator which was one of many donated throughout Canada by Viscount Nuffield. The private duty nurses held a special meeting to discuss the eight-hour day, with Mrs. R. Cook as convener.

Mrs. Rod Grant has been appointed nurse-in-charge of the V. O. N. in Kentville.

Miss Ann D. Allan, R. R. C., recently resigned her position as superintendent of Payzant Memorial Hospital, Windsor. During the first World War, Miss Allan was a matron with the R.C.A.M.C.

ONTARIO

DISTRICT 5

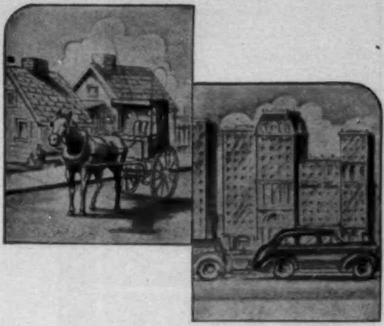
TORONTO:

Toronto Western Hospital:

Following a recent business meeting of the Toronto Western Hospital Alumnae Association, a colored film entitled, "Skyways across Canada", was shown by the Trans-Canada Air Lines. Mr. Campbell, who presented the film, was very generous with information about air travel and many of the guests left feeling that they would enjoy seeing Canada from the air under the capable management of Trans-Canada Air Lines. A silver collection was taken to assist the Alumnae Association in their war work.

The Alumnae Association recently entertained the graduating class of 1941 at a supper, dance and bridge. The guests were received by Miss Beatrice Ellis, Mrs. A. J. Swanson, and Mrs. Douglas Chant.

MAIN STREET



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DISTRICT 6

COBOURG:

The regular meeting of District 6, R. N. A. O., was held recently at the Ontario Hospital with a large representation from all chapters present. The business meeting was held in the afternoon and the educational and social program in the evening. This was our first attempt of holding both afternoon and evening meetings and proved very successful with the result that this arrangement will be followed in future. Miss Edna Moore, chief public health nurse for Ontario, was the guest speaker and chose as her subject "Nurses on the home front." Her address was most interesting and enlightening and stimulated a greater interest in the work of our association. Dr. A. H. Richards, of Cobourg, spoke on the emergency nursing classes and presented certificates to 85 nurses who had completed the required course of instruction. Dr. G. Kidd, medical superintendent of the hospital, welcomed the guests and Mrs. Leeson, superintendent of Nicholls Hospital, Peterborough, moved a vote of thanks to the staff of the hospital for the success of the meeting. A social hour followed.

Miss Edna Covert, assistant superintendent of nurses, Ontario Hospital, Cobourg, has been granted leave of absence to take a course in radiology at the Winnipeg General Hospital.

PETERBOROUGH:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently at St. Joseph's Hospital, with the first vice-chairman presiding. There were 23 members present. A demonstration of the iron lung was given by Miss Barnett, a student nurse of St. Joseph's Training School for Nurses. A stimulating paper on the curriculum, pertaining to supervisors, was given by Sister Fobean, and a talk given by Mr. Kay on birds proved very interesting. A social hour followed.

BELLEVILLE:

Belleville General Hospital:

The Belleville General Hospital Alumnae Association recently held their annual dinner with a large number of nurses gathered for dinner and a social evening. Miss Doris Williams, the president, welcomed the guests and proposed a toast to the King, and Miss Doris Flatt proposed an appropriate toast to the army, air force, and navy. An enjoyable evening was spent in sing-songs and games.

The officers of the Alumnae Association have been elected as follows: President, Miss Doris Williams; first vice-president, Miss Nina DiCola; second vice-president, Miss Mabel Peacock; secretary, Miss Edna Sullivan; treasurer, Miss Madeline Leury; registrar, Miss Mabel Duncan; committee conveners: flowers, Miss Doris Hogle; social, Miss Dorothy Warren; program, Miss M. Fitzgerald; *The Canadian Nurse* and press, Miss M. Plumton.

Married: Recently, Miss Alice Fargy (B.G.H.) to Mr. Mathew.

DISTRICT 7

KINGSTON:

At the regular bi-monthly meeting of the instructors' group recently held at the Hotel Dieu, Miss Doris Storms, public health nurse, led the discussion. The Reverend Sisters entertained the members at a very enjoyable social hour.

Miss Eleanor Crosby, a graduate of the School of Nursing of the Saskatoon City Hospital, is now a member of the supervising staff in the Kingston General Hospital.

Miss Eleanor Atkins, a graduate of the Hospital for Sick Children, has resigned her position as supervisor of pediatrics in the Kingston General Hospital, and has joined the staff of the Aluminum Plant in Kingston.

Miss Evelyn Park (K.G.H., 1934), formerly a member of the supervising staff of the Kingston General Hospital, has resigned her position to be married. The nursing staff presented her with a silver tea service and a lace cloth, and Mrs. S. R. Pence (Jean Wylie, K.G.H.) entertained at a cup and saucer shower in her honour.

Miss Alice Irvine (K.G.H., 1940) has accepted a position in the Aluminum Plant, Kingston.

Married: Recently, Miss Jean McQuiag (K.G.H., 1934) to Mr. Morley Smith.

BROCKVILLE:

Brockville General Hospital:

Miss Evelyn Vickers (B.G.H., 1938) is now serving as assistant night supervisor at the Ontario Hospital, London.

Miss C. McMaster (B.G.H., 1937) has recently been appointed assistant operating-room supervisor at the York County Hospital, Newmarket, Ontario.

Miss Hilda Greer (B.G.H., 1938), who is

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Stratford General Hospital
School of Nursing

Calling all Graduates!

The Fiftieth Anniversary of the Hospital will be celebrated on June 11th, 12th, and 13th, 1941.

Every Graduate of the School is invited to attend the Reunion. We would also like to receive the present addresses of all Graduates.

on the staff of the York County Hospital, Newmarket, has recently completed a course in X-ray at the Toronto Western Hospital.

Miss Phyllis Green (B.G.H., 1940) has joined the nursing staff of the hospital at Fort Erie, Ontario.

Misses Cornett, Coons, Saunders, and Stark, of the Class of 1941, have joined the nursing staff of Galt General Hospital.

Miss Doris McGlashan (B.G.H., 1938) has returned from Rochester, New York, and accepted the position of night supervisor at the B. G. H.

Miss Doris Warren (B. G. H., 1935) is serving as Nursing Sister with the R.C.A.M.C. at Petawawa, and Miss Doris Fraser (B.G.H., 1939) is with the nursing service of the R.C.A.F. at Trenton, Ont.

Married: Recently, Miss Phyllis Howard (B.G.H., 1935) to Mr. Ross Livingston.

District 8

Ottawa:

St. Luke's Hospital:

The Alumnae Association of St. Luke's Hospital recently held a successful tea and money shower at the home of Mrs. John S. Hall. By this means $100 was realized for the Civilian Nurses Air-Raid Victims Fund. The guests were received by the hostess, and the president, Mrs. W. H. Johnston. Presiding at the tea table were Miss Emily Maxwell, O.B.E., Mrs. J. F. Kidd, Mrs. H. B. Moffatt, Mrs. R. Lorne Gardner, Mrs. R. Jones, Miss Mary Nelson, Miss Effie McIlraith, and Miss Mona Drummond. Mrs. R. J. Pritchard and Mrs. H. J. Code were in charge of arrangements.

PRINCE EDWARD ISLAND

Charlottetown:

Prince Edward Island Hospital:

The following graduates of the School of Nursing of the Prince Edward Island Hospital have recently been appointed as Nursing Sisters with the R.C.A.M.C.: Misses Ruth Rodgerson, Katherine McKenzie, Helen Wood, Hattie McLaine, Georgina Thompson, Anne Rodgerson, Bessie MacKenzie, Marion Bernard, Doris McDonald, Mae Heartz, Mary McNutt, Margaret McEachern, and Blanche McRae.

Miss Annie McEachern, Miss Edith Hume, Miss Stella Jay, and Miss Lois McDonald have accepted positions on the staff of the Hospital. Eight nurses will receive their certificates at the graduating exercises to be held on National Hospital Day. The Alumnae Association voted $25. in aid of the Canadian War Services Fund.

Married: Recently, Miss Margaret Burden to Mr. Daniel Matheson.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Holt and staff entertained recently in honour of two members of the nursing staff—Miss Peggy Dixon (M.G.H., 1939), Miss Nita Betts (M.G.H., 1937), and Miss Muriel Floyd, assistant dietitian, all of whom have resigned to be married. Suitable gifts were presented to them with good wishes for their future.

During the winter and spring first aid courses have been given by the instructors to the staffs of the Central and Western Divisions, and to the graduating class of 1941.

Miss F. Janet MacDonald (M.G.H., 1940), has been appointed as nursing sister with the R.C.A.F. at Uplands, Ontario.

Miss Rosamond Lamb (M.G.H., 1933) has resigned from the Alfred I. Dupont Institute, Wilmington, Delaware, and is now on the outdoor staff of the Central Division.

Miss Jeanette McRae (M.G.H., 1939) is on the staff of the Jewish General Hospital, Montreal.

Miss Della Ingraham (M.G.H., 1908) has been transferred from the military hospital, Ste. Anne de Bellevue, to the Savard Hospital, Quebec City.

Married: Recently, Miss Isabel Snider (M.G.H., 1937) to Captain John T. MacDougall, R.C.A.M.C.

Married: Recently, Miss Marion G. Willett (M.G.H., 1939) to Sgt. Douglas I. R. Angus, R. C. A.F.

Married: Recently, Miss Phyllis A. M. Patterson (M.G.H., 1940) to Sgt. Observer Henry H. Pibus, R.C.A.F.

Married: Recently, Miss Nita A. Betts (M.G.H., 1937) to Mr. Emerson Riddell.

Royal Victoria Hospital:

The Mabel F. Hersey Scholarship for 1941-42 has been awarded to Miss Jessie Patricia Byrnes of the Class of 1939. Miss Byrnes will take the course in public health at the University of British Columbia.

It is with regret that the resignation of Mrs. W. R. Tripp (Thelma McKenzie, R.V.H., 1932) has been accepted. For the past three years Mrs. Tripp has been a valued member of the teaching staff. She

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The Toronto Psychiatric Hospital offers a six months' postgraduate course in Psychiatric Nursing. Applicants must have high school matriculation; they should be graduates of recognized Schools of Nursing, and registered or eligible for provincial registration.

Full maintenance and an allowance of ten dollars per month will be provided for students during the entire course.

A pamphlet, detailing more complete information, will be sent upon request. Apply to:

Director of Nursing,
Toronto Psychiatric Hospital,
Toronto, Ontario.

will be missed not only for her skill as a teacher and her ready willingness to cooperate but for her happy charm of manner. Best wishes will go with her to her new home in Swift Current. Miss Eleanor Martin, who succeeds Mrs. Tripp, is a graduate of the University of Saskatchewan and of the Royal Victoria Hospital School of Nursing, class of 1940.

Miss Muriel Stewart has been added to the staff of the R.V.H. record room.

The class of 1932 recently had a re-union dinner in Montreal; thirty-one members were present. An interesting feature of the dinner was a mail bag in which were messages from classmates in Sweden, Kenya, and England, and from others spread across Canada from Halifax to Vancouver.

Miss Margaret Ross, who has been in charge of the third floor of the Ross Pavilion, has resigned and has been succeeded by Miss Marjorie Gruer.

Married: Recently, Miss Marjorie Jean Kendall (R.V.H., 1938) to Dr. James Park Dewar.

Married: Recently, Miss Daphne Signe Arnold (R.V.H., 1938) to Lieut. Paul Sinclair Andrew.

SASKATCHEWAN

SASKATOON:

The annual meeting of the Saskatoon Registered Nurses Association was held recently, and the following members were elected to office for the ensuing year: President, Miss Betsy Beaton; first vice-president, Miss E. Findley; second vice-president, Miss G. Hamilton; secretary, Miss Eleanor Hanna; treasurer, Miss Jean Greenway; councillors: Sister Herman, Miss E. Amas, Miss K. W. Ellis, Miss M. E. Grant, Miss Rhoda Smith, Miss McCardell.

The reports of the committees indicated that the year had been an active one and that many interesting programs had been provided. The special committee, appointed to stimulate the sale of War Savings Stamps, reported that it could account for the sale of over nine hundred dollars worth of stamps during the past year. It was decided that the association should continue to keep a sum of money advanced invested in stamps, and to continue efforts to support the sale of these. A very gratifying report was given of the tea recently held to collect funds to aid the Civilian Nurses Air-Raid victims in Great Britain, a cheque for over $200 having been forwarded to the executive-secretary of the Canadian Nurses Association. A very hearty vote of thanks was passed to the retiring president, Miss Jean Whiteford, and to members of the executive and committees.

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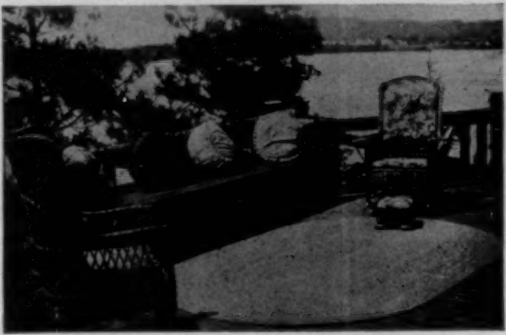

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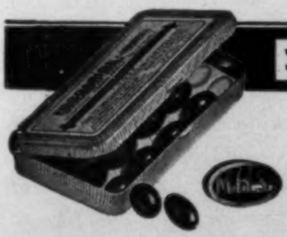
M.L.I.C. Nursing Service

Miss Berthe Therrien (Hotel Dieu St. Joseph Hospital, 1927, and University of Montreal public health nursing course, 1937) has been transferred from Sherbrooke, Quebec, to Montreal.

Miss Elisabeth Gamache (St. Vincent de Paul Hospital, 1927) has resigned from the Company's service to be married. Miss Gamache was on the Quebec City Staff of the Metropolitan nurses.



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A gloomy philosopher of our acquaintance insists that our daily lives lead us to the melancholy conclusion that most platitudes are only too true . . . However that may be, we have recently proved the truth of one of the dullest of them . . . "Sweet are the uses of adversity" . . . Yes, indeed, . . . we proved that one in the school of experience during the last few weeks when we happened to be what the Court Calendar tactfully calls "slightly indisposed" . . . Like most healthy people we don't take kindly to illness . . . and keenly resent not being able to prance about as usual . . . and yet we have to admit that being an invalid has its compensations . . . Friends rally round and mysterious packages appear on the doorstep . . . cool fruit salad . . . home-made bread and golden marmalade . . . green and purple grapes . . . an absurd yellow lamb bearing a panier of pansies . . . No one can be morose and grumpy when they look at roses and sweet peas in a pewter vase . . . or watch the Spring blooming in gay pots on the window sill . . . The work which had to be tackled was made pleasant by fellow workers who left nothing undone which might lighten the load . . . and above all we should like to pay grateful tribute to our janitor's wife who in sickness and in health maintains law and order in our little apartment. . . She even relaxed her stern regulation that she positively will not cook for tenants, well or ill . . . and prepared appetizing little meals until we were able to forage for ourselves . . . What a blessed relief it was not to have to tell her where things are kept . . . The secrets of our casual housekeeping are not hidden from her . . . and knowing our weakness she refrained from scolding us for not having a place for everything and everything in its place . . . One morning, when she was moving quietly about setting things to rights, she told us she had always wanted to be a nurse, "but I hadn't the education" . . . In our secret heart we are firmly convinced that nurses are born as well as made . . . and here was a born nurse if ever there was one . . . We knew that if we had been really ill she could not have given us the care we needed . . . and yet we couldn't help wishing that the indefinable quality which made her presence so comforting could be communicated to some professional nurses who seem to have been "made", and not "born" . . . But it can't and we know it . . . although we would like to experiment with an aptitude test which would disclose its presence early enough to be of use in the selection of student nurses . . . Here is a pretty problem for the Committee on Education.—E.J.

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